

HEALTHCARE FOUNDATION NORTHERN SONOMA COUNTY

SECURITIES TRANSFER FORM

Mail or fax a copy of this form to *both* of the following:

- Your brokerage firm
- The Healthcare Foundation office

Date: _____

From: Donor's Name: _____

To: Donor's Brokerage Firm _____

Address: _____

City/State/Zip _____

Telephone: _____ Fax: _____ E-Mail: _____

Please accept this letter as authorization to irrevocably transfer the following shares from my account no. _____. Shares should be transferred in kind and are not to be liquidated.

Please transfer _____ shares of _____ (security/ticket symbol) to the following account:

Brokerage Firm: Morgan Stanley Smith Barney
3562 Round Barn Circle, 1st Floor
Santa Rosa, CA 95403

DTC Number: 0418

Recipient account name: Healthcare Foundation Northern Sonoma County

Recipient account number: 551-71485-15-110

Recipient name & address: Healthcare Foundation Northern Sonoma County
P.O. Box 1025
Healdsburg, CA 95448
707-473-0583 phone
707-473-0587 fax

Healthcare Foundation is a 501(c)(3) not-for-profit organization. Tax ID #68-0474109.

Thank you. Should you have any questions, please contact Healthcare Foundation 707-473-0583.

Date: _____

P.O. Box 1025
Healdsburg, CA 95448
Tel 707-473-0583 ☐ Fax 707-473-0587 ☐ E-Mail info@healthcarefoundation.net