# SECURITIES TRANSFER FORM

The SheaCenter for Therapeutic Riding

1 Please complete this form and send it to your broker or financial advisor.

2 Please send a copy of the completed form to Holly Hadden at hhadden@sheacenter.org or fax to (949) 240-3447.

3 If you have any questions or want to give mutual funds, bonds, or foreign or restricted stock, contact Holly Hadden at hhadden@sheacenter.org or (949) 625-7876.

## DONOR INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

PHONE NUMBER ☐ HOME ☐ BUSINESS ☐ MOBILE

EMAIL ☐ HOME BUSINESS ☐

ACCOUNT TITLE

ACCOUNT NUMBER

SIGNATURE DATE

## GIFT INFORMATION

GIFT PURPOSE

GIFT PURPOSE (CONTINUED)

If the gift purpose is left blank, your gift will be contributed to the area of greatest need.

☐ A matching gift will be submitted by my employer,

COMPANY NAME

EMPLOYER GIFT MATCH - DEADLINE DATE

☐ Keep my gift anonymous

## BROKER INFORMATION

BROKER/ADVISOR NAME (IF NO BROKER, PLEASE ENTER "NONE.")

BROKERAGE FIRM

BROKER/ADVISOR PHONE NUMBER

BROKER/ADVISOR EMAIL

| # of Shares or Approx. Value | Security Description | Ticker Symbol |
|---|---|---|
| | | |
| | | |
| | | |

**SHEA CENTER RECEIVING INFORMATION**

| | |
|---|---|
| Institution: | **Charles Schwab & Co.** |
| DTC #: | **0164** |
| Account #: | **5546-6523** |
| Tax ID #: | **95-3351363** |