WIRE TRANSFER FORM

The SheaCenter for Therapeutic Riding

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

2 Please also send a copy of the completed form to J.F. Shea Therapeutic Riding Center at hhadden@sheacenter.org

3 **Questions?** Please contact Holly Hadden at (949) 625-7876 or hhadden@sheacenter.org.

WIRE TRANSFER INFORMATION

TO (DONOR'S BANK OR FINANCIAL ADVISOR)

TELEPHONE FAX

Please use this form as authorization to transfer funds from my account as my gift to J.F. Shea Therapeutic Riding Center

FROM (DONOR NAME)

ADDRESS

CITY

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

PHONE NUMBER ☐ HOME ☐ BUSINESS ☐ MOBILE

EMAIL ☐ HOME ☐ BUSINESS

FAX NUMBER (OPTIONAL)

GIFT AMOUNT (SPECIFY CURRENCY, IF NOT USD)

TRANSFERRING BANK DATE OF TRANSFER

GIFT PURPOSE

☐ Keep my gift anonymous

SIGNATURE

SHEA CENTER INFORMATION

INDIVIDUAL NAME:
J.F. Shea Therapeutic Riding Center

BANK NAME:
Farmers & Merchants Bank
302 Pine Ave
Long Beach, CA 90802

Routing #:
122201198

ACCOUNT #:
16115554

REFERENCE:
The gift designation

☐ A matching gift will be submitted by my employer.