

**HEALTHCARE FOUNDATION  
NORTHERN SONOMA COUNTY**

**SECURITIES CHARITABLE DONATIONS  
TRANSFER INFORMATION**

*Please mail (or fax) a copy of this form to the  
Healthcare Foundation office at the address below*

**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  
3562 Round Barn Circle, 1<sup>st</sup> Floor  
Santa Rosa, CA 95403

**DTC Number:** 0015

**Recipient account name:** Healthcare Foundation Northern Sonoma County

**Recipient account number:** 122137492-110

**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](mailto:info@healthcarefoundation.net)