

Thank you for your gift of securities to Montefiore. Your broker will require you to send him or her instructions in writing. Please use the form below to instruct your broker to transfer your gift to:

JPMorgan Chase
for credit to Montefiore Medical Center
Tax ID#: 13-1740114
DTC # 0902 * Institutional Bank # 26097 * Agent Bank # 25787

Please instruct your broker to call Phil Parker, Montefiore Financial Accounting, (914) 378-6404, to notify us of the pending transfer to the Montefiore.

STOCK DONATION FORM

Today's Da	nte: Date	e Sent to Montefiore from Donor's Acct:	
Donor Nai	me(s):		
City/State/Z	Zip:	Phone: ()_	
Email:			
1. Stock Name/ Symbol:			
2. Stock Name/ Symbol:		Number of Shares:	
3. Stock Name/ Symbol:		Number of Shares:	
Broker & Company:		Phone:	
Please Dist	tribute My Gift as Follows:		
\$ or %	Unrestricted (Account # P5	59103)	
\$ or %	Restricted to the following:	:	_(Account # P59105)
\$ or %	An Endowment for:		_(Account # P59102)
This gift is	in honor of/in memory of:		
Other Spec	ial Instructions:		
I hereb	y release my name and contact inf you choose not to release your nan	formation so that I may receive a receipt f me and contact information, Montefiore w	rom Montefiore Medical Center.
Signed (Dor	nor)		Date
Signed (Donor joint owner)		Date	

Please fax to the Office of Development, (718) 547-9274, Attention: Lorenc Jaho.