

Stock Gift Form

This form collects the information necessary to complete the transfer of a gift of stock to the Glaucoma Research Foundation, a 501(c)3 tax-exempt national nonprofit (Tax ID # 94-2495035), in accordance with the donor's intent. If you have questions, please call (800) 826-6693.

INSTRUCTIONS:

- 1. Please complete and sign this gift form.
- 2. This form may also be used to instruct the donor's broker to electronically transfer a gift of stock.
- 3. At the time of gift transfer, please fax the completed form to Nancy Graydon at 415-986-3763.

onor's Information		\Box Donor wishes to remain anonymo		
TITLE FIRST NAME	LAST NAME		SUFFIX	
STREET				
CITY	STATE	ZIP		
PHONE	EMAIL			
ACCOUNT NUMBER				
NAME OF STOCK/SECURITY TO BE D	ONATED	# SHARES	DATE OF TRANSFE	
BROKER'S NAME	FIRM NAME	Ē		
STREET	_			
CITY	STATE	ZIP		
PHONE	EMAIL			
ormation about the account you	are transferring to:			
Name of Recipient:	Recipient's	Broker DTC #:		
Glaucoma Research Foundation	0141			
Recipient's Broker Name:		Recipient's Account #:		
The Pidgeon Group of Wells Fargo Advi	sors, LLC 36391572			
NOR'S SIGNATURE		TODAY'S DA	\TE	