

NON AUTOMATED STOCK DONATION INITIATION REQUEST

Date:	-
Donor Name:	("Donor")
Donor Email:	
Donor Home Address:	
Donor Phone:	
shares of stock	that the Donor named above would like to transfer from the on to the following Stock Donator Member Organization:
Donator Member Organization account	
listed below in Section II to the Stock hereby represents that Donor is author	t Stock Donator initiate the transfer for the Donor from the account Donator Member Organization account listed in Section I . Donor orized to, and is requesting their brokerage firm listed below in the shares of stock listed above to the Organization's brokerage
I. The stocks should be transferred to	the following account:
Brokerage Services DTC#:	
	Charles Schwab
	Stock Donator Inc.
Account Number:	5919-7619
Address: 1900 Ave. of the Stars Phone: (310) 712-3850	s, Suite #101; Los Angeles CA 90067
II The transfer will be sent from (On	aly fill this part out if you selected "OPTION 2" above):
(A) Account Information	iy fut this part out if you sciected Of Horv 2 doores.
Account Name / Title:	
Account Number:	
(B) Brokerage Information:	
Firm Name:	
Address:	
Phone:	
Fax:	
Please notify communications@stockdo	onator.com if you need help to initiate the transfer.
Donor Signature:	
Donor Name:	

When complete email to: communications@stockdonator.com or fax to: (310)382-2086.