

Montefiore Medical Center Securities Donation Form

Completed by:

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: The Bank of New York Mellon Account name: Montefiore Medical Center

- For credit to account #: N7M002515
- For DTC Securities: DTC# 0443
- Pershing, LLC
- For Federal Securities: ABA# 021000018
- Bank of NY/Pershing

Date sent to

Development:

MONTH / DAY / YEAR

For Physical Certificates, Mutual Funds, Foreign Securities, and Bonds contact our office for additional instructions.

Please instruct your broker to send this completed form to Nadine Vatau, Senior Accountant, at 718.920.6656 or nvatau@montefiore.org regarding the pending transfer.

Today's date: MONTH / DAY / YEAR Date sent to Montefiore from donor's acct: MONTH / DAY / YEAR

Donor name(s):					
Address:		City / State / Zip:			
Phone:		Email:			
1. Security name / symbol:				No. of share	es:
2. Security name / symbol:				No. of share	es:
3. Security name / symbol:				No. of share	es:
Broker and company:			Phone:		
Purpose of donation:					
Additional special instruction	ns:				
Please distribute my gift as	follows:				
\$ Gene	eralFunds \$	End	owed Fun	ds \$	Bond
Signed:				Date: MO	NTH / DAY / YEAR
To be completed by Fina Date received by Bank of New			_	e share price ation date: \$	
1. Security name:		HIGH	LOW	AVG.	Value: \$
2. Security name:		HIGH	LOW	AVG.	Value: \$
3. Security name:		HIGH	LOW	AVG.	Value: \$
General ledger account / cost of	enter or order credited:	/		Total value: \$	
Bank account credited:	ı				

Date: