



## GIFTS OF STOCK

Please have the Bank or Broker who is transferring securities for you complete and fax this form to **(518) 761-3171, ATTN: KAREN STAPLETON** prior to making delivery.

Donor notification to our custodian of intent to deliver securities to  
**HUDSON HEADWATERS HEALTH FOUNDATION**

Name of Donor(s) \_\_\_\_\_

Bank or Broker making delivery \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Security \_\_\_\_\_

Number of shares \_\_\_\_\_ or

Approximate value \_\_\_\_\_

Approximate date delivery to be made \_\_\_\_\_

Please have the Bank or Broker who is transferring securities for you complete and fax this form to the above number prior to making delivery.

Delivery Instructions:

DTC # 901

Agent Bank # 80901

Institution ID # 19927

For A/C # 372141

For Further Credit to: HHHF 010588185