



Lucile Packard
Foundation

Children's Health

Lucile Packard Foundation for Children's Health - Securities Transfer Form

(Your Name)

(Your Address)

(Your City, State, and Zip)

(Your Phone Number)

(Alternate Contact: E-mail or FAX)

DATE: _____
(Today's Date)

TO: _____
(Broker's Name, Address, Phone/FAX)

Please accept this form as your authorization to transfer irrevocably the following securities as a gift to the Lucile Packard Foundation for Children's Health:

How many shares? _____
(#)

In which company? _____
(Company Name)

From my account #.: _____
(Donor's Account #)

Donor name(s): _____
(Donor Name/Address/Phone/FAX)

To the Lucile Packard Foundation for Children's Health account: *

Morgan Stanley, Attn. Margaret Bussmann (Phone: (650) 853-4037) or **Attn. Dana Ruusinen**
(Phone: (650) 838-4233)

Account #: 112-129003 DTC: 0015

Use my gift for the ___ **Children's Fund** ___ **Other:** _____

SIGNED:

[DONOR 1]

[DONOR 2]

Instructions to Donor:

- 1 Send the completed form to your broker/investment advisor.
- 2 **AND** Email to LPFCH Gift Processing at Gift.Processing@lpfch.org

* Please contact Gift Processing at (650) 461-9980 for additional account information and any questions about securities gifts.

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LPFCH.org