**STOCK DONATION FORM**

Donor’s Name:

Address:

City/State/Zip:

|  |  |
| --- | --- |
| Day Phone: | Evening Phone: |

Email:

**Cash Donation Amount:**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A cash donation may be sent directly to Arlington Free Clinic or to our broker listed below.

**Stock Transfer**

Date of securities transfer to Arlington Free Clinic as a charitable donation:Click here to enter a date.

Custodian:

Account Number:       Account Title:

|  |  |
| --- | --- |
| Stock Name: | Stock Symbol: |

Number of Shares:

*Gifts of securities are sold immediately upon transfer.*

|  |  |
| --- | --- |
| **Donor Please Sign**: | **Date**: Click here to enter a date. |

Transfer to: **Arlington Free Clinic - account information**:

Charles Schwab Financial Services: DTC # 0164

Deposit to Arlington Free Clinic: Fund # 7188-5788

IRS Tax Status: 501(c)(3); EIN: 54-1671883

**Charitable Institution Contacts:**

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**Financial Institution Contact:**

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