

# Stock Donation Form

**Donor Information**  
*To be completed by the Donor*

**Contact Name:**

**Phone Number:**

**Email Address:**

**Number of Shares to be Donated:**

*Donor Brokerage Information*

**Brokerage Firm:**

**Broker Name:**

**Broker Email:**

**Broker Phone Number:**

**Account Number:**

**Foundation Information**  
*To be completed by the Foundation*

**Contact Name:**

Demi Jensen

**Phone Number:**

(269) 927- 5146

**Email Address:**

CHFSM@corewellhealth.org

*Foundation Brokerage Information*

**Foundation DTC#:** 0075

**Brokerage Firm:**

True Blue Financial

**Account Number:** 40642131

**Broker Name:**

Lucas Brown

**Broker Phone Number:**

(269) 982-2710

**Broker Email Address:**

lbrown@trueblue.financial

## Authorization of Donation

*Signature of Donor:* \_\_\_\_\_ **Date:** \_\_\_\_\_

*Foundation Representative:* \_\_\_\_\_ **Date:** \_\_\_\_\_