

# Stock Donation Form



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

**Contact Name:**

**Phone Number:**

**Email Address:**

**Number of Shares to be Donated:**

**Cusip and Ticker:**

*Donor Brokerage Information*

**Brokerage Firm:**

**Broker Name:**

**Broker Phone Number:**

**Account Number:**

**Estimated Value of Donation:**

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

**Contact Name:**

**Amy Zapal**

**Phone Number:**

**(269) 927- 5145**

**Email Address:**

**CHFSM@corewellhealth.org**

**Foundation DTC#:**

**0075**

*Foundation Brokerage Information*

**Brokerage Firm:**

**True Blue Financial**

**Account Number:**

**40642131**

**Broker Name:**

**Lucas Brown**

**Broker Phone Number:**

**(269) 983-2710**

**Broker Email Address:**

**lbrown@trueblue.financial**

## Authorization of Donation

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

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