

Yes, I would like to donate to Tri City Health Partnership with an electronic transfer of:

If stock, please complete this section:

Number of Shares: _____

Name of Stock: _____

If bonds, please complete this section:

Issue Date: _____ Due Date: _____

Issue Value: _____

Issuer of Bond: _____

CUSP #: _____

Transfer Book Entry Fee to:

DTC Clearing #0075

For Further Credit to LPL Account 4446-2073

For Further Credit to LPL Account Tri City Health Partnership, A Non-Profit Organization

Please complete this section for all electronic transfers:

Brokerage Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Donor(s) Name: _____

Address: _____

Phone Number: _____ Email: _____

Purpose of Gift: _____

Signature(s): _____

Please complete this form and mail or fax to Tri City Health Partnership.

Our fax number is: 630-377-9729