Stock Donation Brokerage Transfer Authorization Document

Date: _____

To: _____
(Donor's Financial Advisor/Broker/Planner)

_____

_____

RE: Donor's Account No.: _____

Please transfer _____ shares of _____ on behalf of:

- ❍ Abbott Northwestern Hospital Foundation
- ❍ Allina Hospice Foundation
- ❍ Buffalo Hospital Foundation
- ❍ Cambridge Hospital Foundation
- ❍ Courage Kenny Foundation
- ❍ Mercy Hospital Foundation
- ❍ New Ulm Medical Center Foundation
- ❍ Owatonna Hospital Foundation
- ❍ Phillips Eye Institute Foundation
- ❍ River Falls Area Hospital Foundation
- ❍ Regina Hospital Foundation
- ❍ Saints Healthcare Funds – St. Francis
- ❍ United Hospital Foundation
- ❍ Penny George Institute Foundation

My/our stock gift is (*select one*): ☐ A NEW GIFT ☐ PAYMENT ON A CURRENT PLEDGE

The Donor(s) set forth below would like to have his/her/their shares sent via DTC to the following account at Morgan Stanley. The delivery instructions are as follows:

Morgan Stanley:	DTC #0015
Account No.:	319-070728-122
Account Name:	**Allina Health System**

Please contact AnnaMarie Martino or Robert Bush ***prior*** to delivery.

Telephone: (952) 475-4158 (952) 475-4155 (Robert)
Fax: (952) 475-2587
E-mail: AnnaMarie.Martino@morganstanley.com
E-mail: Robert.bush@morganstanley.com

To aid in proper gift acknowledgement/tax documentation, we ask your broker to please email a copy to:
Allina Office of Philanthropy – philanthropy@allina.com

Thank you for your prompt attention to this request.

_____ _____
Donor/Customer's Signature Print Name

_____ _____
Donor/Customer's Signature Print Name

_____
Donor/Customer Address City State Zip Phone ❍ work ❍ home E-mail