

## **STOCK DONATION FORM**

Date:	Broker Name:			
Phone:		_		
Address:				
Dear Broker,				
Please accept this letter	r as your authorization t	o irrevocably transfer		shares of
·	•	•	(# of shares)	
	from my			account.
(company name)	·	(Broker Co. Name		-
My account # is		in the name of		
	·····		and my	Social
Security number is		Please transfer to the following account:		
	DTC #0015 M	organ Stanley		
Account Nam	ne: New York Insight Inc NYI Tax ID Nun	. Client Account #: nber 13-4041101	425 035797 02	29
	WII TUX ID WUII	1501 10 4041101		
Donor Name:				
Address:				
Phone:				
Signature:				
Please notify us when	a donation transfer is	initiated:		
New York Insight – Attn	: Sebene Selassie			

Thank you. Your contribution will support NYI in its mission to provide a peaceful refuge for all in NYC.

28 West 27th Street, 10th floor • New York, NY 10001

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