

## **Stock Donation Form**

Agent Information		
Agent/Banker/Broker:		
Address:		
City:	State:	Zip:
Stock Gift Information		
Please accept this as my authorization to trans as a charitable gift:	sfer the following common stoc	k to CURE Epilepsy
Stock Name:		
	Number of Shares:	
CURE Epilepsy requests you deliver these share Delivery instructions are as follows:	s to their custodial account at	Wells Fargo.
Recipient Name: CURE Epilepsy DTC Clearing: 0141 Account: 7612-9955 CURE's Tax ID Number: 36-4253176		
Thank you for your assistance in completing th	is gift to CURE Epilepsy.	
Donor Information		
Name:		
Address:		
City:	State:	Zip:
Phone:	Account:	

Please notify CURE Epilepsy of this donation prior to transfer. CURE Epilepsy will then instruct their broker, Wells Fargo, to accept delivery of this gift and receipt me immediately.

CURE Epilepsy
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