

## **Stock Donation Form**

Agent Information		
Agent/Banker/Broker:		
Address:		
City:	State:	Zip:
Stock Gift Information		
Please accept this as my authorization to transfer that as a charitable gift:	ne following common stoc	k to CURE Epilepsy
Stock Name:		
	Number of Shares:	
CURE Epilepsy requests you deliver these shares to the Delivery instructions are as follows:	neir 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 this 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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