



GIFT OF SECURITIES TRANSFER FORM

Donor Information

Name: _____

Address: _____

Phone: _____

Financial Advisor/Account Information

Name: _____

Company: _____

Address: _____

Phone: _____

Acct Number: _____

Name of Security	Cusip Number*	Number of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Your advisor will be able to provide this information

Please return this form to **Lori Drake, President/CEO at lori@lifeclinic.org**