

Montefiore Medical Center Securities Donation Form

Thank you for your gift of securities to Montefiore. Your broker will require you to send him or her instructions in writing. Please use the form below to instruct your broker to transfer your gift to: The Bank of New York Mellon
Account name: Montefiore Medical Center

- For credit to account #: N7M002515
- For DTC Securities: DTC# 0443
- Pershing, LLC
- For Federal Securities: ABA# 021000018

- Bank of NY/Pershing

For Physical Certificates, Mutual Funds, Foreign Securities, and Bonds contact Jorja Watts at 412.234.0439 or bnymcmgiftprocessing@bnymellon.com for additional instructions.

Please instruct your broker to send this completed form to Nadine Vatau, Senior Accountant, at 718.920.6656 or nvatau@montefiore.org regarding the pending transfer.

Today's date: MONTH / D	DAY / YEAR Date	sent to Montefiore fr	rom donor's	acct: MO	NTH / DAY / YEAR
Donor name(s):					
Address:		City / State / Zip:			
Phone:		Email:			
1. Security name / symbol:				No. of share	es:
2. Security name / symbol:				No. of share	es:
3. Security name / symbol:				No. of share	es:
Broker and company:			Phone:		
Purpose of donation:					
Additional special instructions	s:				
Please distribute my gift as t	follows:				
	ralFunds \$	Enc	dowed Fund	ds \$	Bond
Signed:				Date: MOI	NTH / DAY / YEAR
To be completed by Finan	erial Accounting Offic				
Date received by Bank of New Y	_		_	e share price ation date: \$	
1.6		HIGH	LOW	AVG.	Value: \$
1. Security name:					value. 9
2. Security name: 2. Security name:		HIGH	LOW		Value: \$
			LOW	AVG.	·
2. Security name:	nter or order credited:	HIGH		AVG.	Value: \$ Value: \$
2. Security name: 3. Security name:	nter or order credited:	HIGH		AVG.	Value: \$ Value: \$