Montefiore

CONFIDENTIAL

Montefiore Medical Center Wiring Instructions

Nadine Vatau Senior Accountant 718.920.6656 nvatau@montefiore.org Montefiore Office of Development and Alumni Relations 3325 Bainbridge Avenue Bronx, New York 10467

Instruct your banker / broker to execute the transfer to:

Montefiore Medical Center Bank of America 100 West 33rd Street New York, NY 10001

Bank Contact: Janette Llorens 866.222.1948, extension 1987 j.llorens.svc@bofa.com Account # 483065991933 Routing (Domestic wire) # 026009593 Routing (ACH / EFT) # 021000322 Swift Code International Wires: BOFAUS3N

*US Dollar amount or local currency amount

When authorizing a wire transfer, please reference the Fund Number and department to be credited and / or the person to be notified upon receipt of funds.

Today's date:	MONTH / DAY / YEAR	Date sent to Montefiore from o	lonor's acct:	MONTH / DAY / YEAR
Donor name(s):				
Address:				
City:		State:		Zip:
Phone:		Email:		
Amount: \$	Purpose of do	onation:		
Additional special	instructions:			

Please distribute my gift as follows:

% Unrestricted to Mor	% Unrestricted to Montefiore Medical Center		
% Restricted to the fol	lowing:		
% An endowment for:			

EIN # 13-1740114

Thank you for supporting Montefiore!