

Truman State University Foundation

GIFTS OF STOCK TRANSFER

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Work _____ Home _____

Please designate my gift to _____ (Program, Division or Fund) at Truman State University.

Broker Name and Brokerage Firm _____

Type of Stock: Common Preferred Restricted Publicly Traded Non-Publicly Traded Mutual Funds

Name of Stock _____

Number of Shares _____

The undersigned (donor) authorizes the transfer of this stock to the Truman State University Foundation.

Signature _____

- 1. Complete form.**
- 2. Print three copies.**
- 3. Sign each copy on the signature line.**

Keep one copy for your records, send one copy to your broker, and send one copy to:

Truman State University Foundation
Office of Advancement
McClain Hall 205
100 E. Normal Ave.
Kirksville, MO 63501-4221
Telephone: (660) 785-4133
Fax: (660) 785-7519