

Stock Donation Notification Form



Please complete and send this form to: John McCabe, President & CEO, Soldiers & Sailors Memorial Hall & Museum Trust, Inc., 4141 Fifth Avenue, Pittsburgh, PA 15213 Phone 412-621-4253 FAX 412-683-9339

Donor Information:

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____
E-mail _____
Date _____ Form Completed By _____
(Signature) _____

Gift Information:

- This gift is unrestricted and may be used at *Soldiers & Sailors* discretion.
- This gift is to be used for the purpose of: _____
Date of Gift Number of Shares _____
Name of Stock/Securities _____
Certificate Number(s) _____

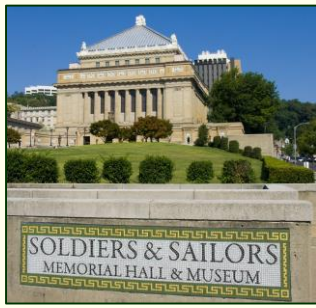
Stock Transmittal Information:

- Certificates will be transferred to: _____
Account #6805-3667
DTC# 0075
LPL Financial, LLC
Lawyers Building
428 Forbes Avenue
Pittsburgh, PA 15219
Phone & Fax (412)773-7285

- Power of Attorney will arrive under separate cover. *(If applicable)*
- My broker, can be contacted by Phone (____) _____ Fax (____) _____

E-mail _____

Thank you for your gift to Soldiers & Sailors Memorial Hall & Museum Trust, Inc. All gifts will be credited on the date that the Soldiers & Sailors Hall & Museum or its financial agent receives both the securities and the effective endorsement of the securities. The value of the gift, per IRS regulations, will be set at the average of the high and low values on the date of transfer. Please note that this may or may not be the same date as when you instruct the gift to be made. Although the final sale value of the stock/securities may be higher or lower than the value of the gift, the deductible amount of your gift is not affected. All securities will be liquidated as soon as fiscally prudent to do so.



Stock Transmittal Form



Please have your broker complete this form and mail a copy to: John McCabe, President & CEO, Soldiers & Sailors Memorial Hall & Museum Trust, Inc., 4141 Fifth Avenue, Pittsburgh, PA 15213

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Phone & Fax (412)773-7285

Donor Information:

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____
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(Signature) _____

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E-mail _____

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