



Sierra Nevada Memorial
Hospital Foundation

Electronic Stock Gift Transfer

Thank you for making an electronic stock gift to Sierra Nevada Memorial Hospital Foundation. Please complete this form, sign and date and give to your broker. **It is important to notify Sierra Nevada Memorial Hospital Foundation, Attn: Kimberly Parker, Executive Director by e-mail: kimberly.parker1@dignityhealth.org or fax at (530) 477-9300 before or at the time of transfer. Electronic transfers don't come through with a donor name or intent.**

Name: _____

Address: _____

City: _____

Phone (H): _____ Phone (C): _____

E-mail: _____

Please print your name(s) exactly as it should appear in recognition: _____

I/We wish to remain anonymous

Please designate my gift to the following area at Sierra Nevada Memorial Hospital Foundation:

- | | |
|--|--|
| <input type="checkbox"/> Emergency Dept. | <input type="checkbox"/> Alzheimer's |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Cardiac Rehab | <input type="checkbox"/> Cancer Center |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Area of Greatest Need |
| | <input type="checkbox"/> Other (please specify): _____ |

Securities Being Donated:

Security Name _____ CUSIP# _____ Number of Share _____

Security Name _____ CUSIP# _____ Number of Share _____

Transferring (Donor's) Broker:

Broker Name _____ DTC# _____ Phone _____

Receiving (Sierra Nevada Memorial Hospital Foundation Broker:)

TO: Robert W. Baird & Co. DTC: 0547 Account: 50137549

Account Name: Sierra Nevada Memorial Hospital Foundation Stock Donation Account

Donor Signature _____ Date _____

Thank you for your generosity! Please contact the Sierra Nevada Memorial Hospital Foundation with any questions at (530) 477-9700. It is important that you or your broker notify us as soon as stock is transferred to our account so we can receive and handle this gift according to your wishes.

Donor Advised gifts being sent by check

Thank you for making a donation to be sent by check to Sierra Nevada Memorial Hospital Foundation. Please pass this form on to your broker. **It is important to ask your broker to put your name on the check to Sierra Nevada Memorial Hospital Foundation as some checks arrive with no name on them. Checks payable: SNMH Foundation.**

Your name: _____

Address: _____

City: _____

Phone (H): _____ Phone (C): _____

E-mail: _____

Please designate my gift to the following area at Sierra Nevada Memorial Hospital Foundation:

- | | |
|--|--|
| <input type="checkbox"/> Emergency Dept. | <input type="checkbox"/> Alzheimer's |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Cardiac Rehab | <input type="checkbox"/> Cancer Center |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Area of Greatest Need |
| | <input type="checkbox"/> Other (please specify): _____ |

Receiving: Attention: Kimberly Parker, Sierra Nevada Memorial Hospital Foundation, PO BOX 1810, Grass Valley, CA 95945.

Donor Signature _____ Date _____

(Not required by all donor advised representatives)

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