**Shape

Description automatically generated with medium confidenceSTOCK TRANSFER INSTRUCTIONS**

Please use this letter of authorization to donate shares. Our account information is below. Once the transfer is completed, please notify Nicole Lee, Membership Service Manager / Administrative Manager.

Phone: (415) 563-5815 x103 Email: [nicole.lee@sfcp.org](mailto:nicole.lee@sfcp.org)

|  |  |
| --- | --- |
| Donor Name(s): |  |
| Date: |  |

To Whom It May Concern:

Please accept this instruction to transfer the securities listed below.

From:

|  |  |
| --- | --- |
| Broker Name: |  |
| Delivering Firm: |  |
| Address: |  |
| Account Name: |  |
| Account Number: |  |

To:

|  |  |
| --- | --- |
| Account Name: | San Francisco Center for Psychoanalysis |
| For further credit to: | Account # 95084719 |
| Tax ID: | 94-1546088 |
| Broker: | Charles Schwab DTC #0164 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| X |  | X |  |  |
|  | Signature of Donor |  | Signature of Donor |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transfer Date | Security Name | CUSIP Number | Number of Shares | Approximate Dollar Value |
|  |  |  |  |  |