

STOCK TRANSFER INSTRUCTIONS FOR BROKER

To Broker			
Name/s			
Address		Phone and Fax	
From Client/Donor			
Name(s)			
Address		Phone and Fax	
	S	uke's Episcopal Health Sys cructions for the stock tran	
From Account	nt Transfer to: Persh Ameg FBO: Accou		Health System
Transfernumber	of shares or a number of s	hares equal to \$	of
(Stock Name)	onon	/	
This gift is for the following pu	rpose		_
Authorization Signature(s))	Date	_
Contact by phone and fax or m	ail a copy of this form to:	St. Luke's Episcopal Health Development Office MC 3-2 Amy Leggio, Managing Dir PO Box 20269 Houston, TX 77225-0269	206

832-355-5832 832-355-7995 (Fax)