FORGOTTEN FELINES

## Authorization for Contribution of Securities to Forgotten Felines of Sonoma County (FFSC)

Please complete this form and send a copy to both your broker and to FFSC (address below). Thank you!

Donor Name: $\qquad$ Date: $\qquad$
City, State, Zip Code: $\qquad$

Phone: $\qquad$ E-mail: $\qquad$
Brokeragefirm: $\qquad$
Address: $\qquad$
City, State, Zip Code: $\qquad$
Broker's Name: $\qquad$ Phone Number: $\qquad$

Donor Account Name: $\qquad$
Account Number: $\qquad$

Donation Transfer Instructions: I hereby authorize and instruct you to transfer the following securities to Forgotten Felines of Sonoma County:

| \# Shares | Company Name | \# Shares | Company Name |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Send via DTC from the above referenced account to:
Forgotten Felines of Sonoma County
c/o Morgan Stanley
DTC:0015 Account \#: 528-054155

Authorization

YourName

Your Signature

Joint Account Holder'sName

Joint Account Holder's Signature

