

## **GIFT OF STOCKS OR MUTUAL FUNDS**

I,	, a	, a resident of the county of		
	, wish to provide for the future of St. Dominic High School (31 St. Dominic			
Drive, O'Fallon, M	IO 63366) by making the	e following appred	ciated security §	gift:
ТҮРЕ	SECURITY SYMBOL	NUMBER of SHARES	TRANSFER DATE	HELD AS A BOOK ENTRY or AS A CERTIFICATE?
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DONOR CONTAC	T INFORMATION			
Donor is $a(n)$ :	☐ Individual	☐ Corporation	☐ Corporation ☐ Foundation	
NAME		COMPANY		
ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER		EMAIL ADDRESS		
BROKER CONTAC	CT INFORMATION			
NAME		COMPANY		
BUSINESS ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER		EMAIL ADDRESS		
DONOR SIGNATU Note: All account owne	JRE(S) ers must sign this request. Plea	se consult with your ta	x advisor before m	aking a gift to any charity.
SIGNATURE		PRINTED NAME		DATE
SIGNATURE		PRINTED NAME		DATE

Thank you for your gift to our faith community and your investment in St. Dominic High School's future.

Upon receipt of this form, a representative from St. Dominic High School Advancement Office will contact you to complete your gift processing.