



CHARITABLE GIFTS OF SECURITIES

INITIAL INFORMATION REQUEST

Donor Name: _____ Date: _____

Northern Light Health Member Gift Designation: _____

Stock Name: _____ Number of Shares: _____

Broker's Name: _____ Broker's Phone: (_____) _____

Special Instructions: _____

ELECTRONIC TRANSFER

Provide your securities donor the following information and instructions. If any assistance is needed, please contact Northern Light Health Foundation at 207.973.5055.

Wells Fargo Advisors, LLC
Key Plaza, 23 Water Street
PO Box 2369
Bangor, ME 04402-2369
800.947.5456
207.947.5456
Fax 207.945.3978

Receiving Firm Name: First Clearing, LLC
Account Title: Northern Light Health Foundation
DTC Number: 0141
Account Number: 2562-3880
Additional Information: Please include donor's full name