



SECURITIES CONTRIBUTION FORM

Donor Information

Name _____

Home Address _____

City, State & Zip Code _____

Preferred Email _____

Preferred Phone _____ Home Work Cell

Broker Information

Company _____

Broker's Name _____

Phone _____

Transfer Authorization

I/we hereby authorize my/our broker to transfer the securities listed below on _____ (approximate transfer date: DD/MM/YYYY) from my/our account at _____ to the following Expect More Arizona account:

TD Ameritrade
Account #: 491192560
DTC Participant #: 0188

In addition, I/we authorize my/our broker to release my/our name to Expect More Arizona for IRS Tax Receipts purposes.

SECURITIES TO TRANSFER

Security Name	Number of Shares	Estimated Value

Name as you wish to be recognized: _____

I wish to remain anonymous.

After you have completed this form, **you must provide a copy to your broker in order to initiate this transfer.**

To complete the transaction, you must also provide a copy to Expect More Arizona by mailing or e-mailing this form to:

Expect More Arizona
Attention: Jaclyn Hoerner
4747 N 32nd St Ste 160
Phoenix, AZ 85018-3306
jaclyn@expectmorearizona.org