

## TEMPLE HEALTH

## **Fox Chase Cancer Center-Securities Transfer Request**

ection I. Request		
I wish to donate	shares of stock to Fox Chase Cancer Center. Shares can be transferred direc	tly from your brokerage
	hase's account. Please complete the form below in its entirety and send a c	
	ansfer. A copy or fax of the form must be sent to the Office of Institutional A	
	or mailed to our mailing address below.	
( )		
I wish to donate	mutual funds to Fox Chase Cancer Center. Mutual funds can be transferred of	directly from your
	nt to Fox Chase's account. Please complete the form below in its entirety an	
_	nitiate the transfer. A copy or fax of the form must be sent to the Office of Ir	
-	19 or mailed to our mailing address below.	
• • • • • • • • • • • • • • • • • • • •	<b>G</b>	
ection II. Personal Info	<u>rmation</u>	
ame	Telephone	
ome Address		
ty	_ State Zip Code	
ection III: Gift Informat	ion PLEASE MAKE SURE TO CONTACT YOUR BROKER TO INITIATE THE TRAI	NSFER
our broker's name	Broker's telephone number	
of Shares	Security Name	
icker Symbol (if known) _	Purpose	_
lease accept this security	transfer request as your authorization to transfer from account	
Fox Chase Cancer Cente		
rm:	Wells Fargo Advisors, LLC	
	Attention: Michael Sirianni, Financial Advisor, Vice President-Investments	
	Telephone: 267-321-7151; Toll Free: 888-243-1424; Fax: 215-670-7580	
TC:	0141	
ccount Name:	Fox Chase Cancer Center	
count Number:	3432-6171	
ix ID:	23-6296135 (Institute for Cancer Research)	
IX ID.	25-0290155 (IIISTITUTE TOT CATICET RESEATCH)	
x Chase	Pat Simpson, Fox Chase Cancer Center	
ncer Center Contact:	Office of Institutional Advancement	
	333 Cottman Avenue	
	Philadelphia, PA 19111	
	Telephone: 215-728-4740; Fax: 215-214-1519	
	Email: Patricia.Simpson@fccc.edu	
gnature of account owne		_ (please check with
our broker - you may be	required to complete the brokerage firm's authorization forms.)	

Please make sure that the Office of Institutional Advancement is notified of the details of your gift to ensure proper acknowledgement and designation. A fax or a copy of this transfer request form can be sent to (f) 215-214-1519 or a copy can be mailed to our address noted above. Please make sure to contact your broker to initiate the transfer. Thank you!