

The Institute for Health Solutions Stock Donation Form

Date: _____

Broker Name: _____ Phone _____

Address: _____

Dear Broker,

Please accept this letter as your authorization to irrevocably transfer:

_____ of _____ from my _____ account.

_____ # of shares of _____ Company Name

_____ Broker Co. Name

My account # is _____ in the name of _____ and

my Social Security # is _____. Transfer to the following account:

The Institute for Health Solutions (1104 Lincoln Avenue, Suite 1, San Rafael, CA 94901)

a California 501 (c) 3 non-profit corporation.

Donor Name: _____

Address: _____

City/State/Zip Code _____

Phone: _____

Signature: _____