Saratoga Hospital Foundation
Charitable Gift Annuity
Stock Transfer Form

Date: _____

Shareholders: _____

_____

Address: _____

_____

Telephone Number: _____

Delivering Agent: _____
(Broker)

Contact at Broker: _____
(Name & Phone #)

Account Number: _____
(Delivering Agent)

I / we would like to make a donation / contribution of the following to **Saratoga Hospital Foundation:**

Shares/Units: _____
Security Description: _____
_____
CUSIP: _____

_____ _____
(Customer Signature) (Customer Signature)

_____
(Signature Guarantee)

ALL CUSTOMERS ON ACCOUNT MUST SIGN EXACTLY AS NAME(S) APPEAR ON ACCOUNT

Delivery Instructions for DTC Eligible Securities:
SEI Private Trust Company
DTC Participant: #2039
Institution Number: 78429
Agent Bank ID #: 94952
Interested Party ID #1: 52587
Agent Internal STC Account: SARATOGA CARE, a/c #
Agent Internal Account #: 11129-C

PLEASE FAX OR MAIL A COPY OF THIS REQUEST TO:
TIAA-CREF Trust Co.
211 N. Broadway Suite 1000
St. Louis, MO 63102
Attention: Andrea Stewart-Douglas
Fax: (314) 244-5112 Phone: (314) 244-5280