## **SOCIETY OF BEHAVIORAL MEDICINE (SBM)**

Proven Science—Better Health Giving Campaign



### STOCK TRANSFER FORM

DONOR INFORMATION (plea	ase print or type)		
Donor's Name:			
Street Address:			
City:		State:	Zip Code:
E-mail:	Ph	one:	Fax:
BROKER INFORMATION (p	lease print or type)		
Broker's Name:			
Street Address:			
City:		State:	Zip Code:
E-mail: Pho		one:	Fax:
GIFT DESIGNATION			
☐ General Fund ☐ Leadersl If you choose not to enter a designat	•		nd Dolicy Advocacy Fund
STOCK TRANSFER INFORM	MATION (please print or type)		
Please transfer the listed stocks from	n my account to SBM's Capital Coun	sel, The Bank of New York Me	ellon, National Association (BNY Mellon, N.A.)
Name of Stock	Number of Shares	Date of Transfer	Value at Transfer
Authorized Signature (Donor)			Date:
Authorized Signature (Donor, Joint Owner)			Date:

# Please return Stock Transfer form to: SBM

555 East Wells Street, Suite 1100 Milwaukee, WI 53202-3823 Telephone: (414) 918-3156 Fax: (414)276-3349 info@sbm.org

#### Please provide this information to your broker:

DTC Number: 8420 Custody Account Number: UCC822302 Account Name: SOCIETY OF BEHAVIORAL MEDICINE

### For questions, your broker should contact:

Matthew Friedman Capital Counsel LLC Investment Advisors 527 Madison Avenue, 19th Floor

New York, NY 10022 Phone: 212-350-1602 Fax: 212-371-5548

Email: mfriedman@capcounsel.com

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