



Doctors Without Borders

## Stock Gifts Notification Form

---

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Name of Stock \_\_\_\_\_

Number of Shares \_\_\_\_\_

Approximate Transfer Date \_\_\_\_\_

Your Brokerage Firm \_\_\_\_\_

Mail this form to...

Doctors Without Borders  
Attn: William Donas  
40 Rector Street, 16<sup>th</sup> Floor  
New York, NY 10006