**STOCK DONATION FORM**

After completing and signing this form, please:

* Send one copy to your broker (only your broker can initiate the stock transfer)
* Send one copy via USPS: Hearing Loss Association of America, Attn: Marilyn DiGiacobbe
* 6116 Executive Blvd., Suite 320 Rockville, MD 20852 or
email to: **development@hearingloss.org**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern,

As a gift donation for the benefit of the Hearing Loss Association of America (HLAA), please accept this letter as my approval to transfer the following security(ies) to Morgan Stanley:

Name of Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Security Name** | **#Shares/Units** | **Estimated Value (USD)** |
|  |  |  |
|  |  |  |
|  |  |  |

Please use the HLAA’s firm information below to facilitate this transfer:

**Firm Name: Morgan Stanley**

**DTC Number: 0015**

**Account No: 959-011202**

**Account Name: Hearing Loss Association of America**

**Donor’s information:**

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*