

Agent / Banker	Date:
Broker: Address:	
City / State / Zip:	
Muscular Dystrophy As	sociation: Stock Gift Notification Form
•	ization to transfer the following common stock to the
Muscular Dystr	rophy Association as a charitable gift:
Stock Name:	
	<del></del>
Gift Designation / Restriction (if any):	
The Muscular Dystrophy Association re	equests that you deliver these shares to our custodial account at:
Firm Name: Merrill	Lynch
Account Title: Muscu	ular Dystrophy Association
Account Number: 86	oF-02072
DTC #: 8862 MDA's Tax ID #: 13-	1665552
Thank you for your assistance in	completing this gift to the Muscular Dystrophy Association
<b>Donor Contact Information</b> (information)	ation will be used to mail out acknowledgment letter upon receipt of gift)
Name:	Phone:
Address:	Email:
City / State / Zip:	
PLEASE NOTE: Please notify the Muscu	ılar Dystrophy Association of this donation by phone, fax, or email
Notification of this do	onation is required to receive tax receipt.

Muscular Dystrophy Association Legacy Gifts/ Stock Gifts Email: kriordan@mdausa.org 161 North Clark Street Suite 3550 Chicago, IL 60601 Phone: 312-260-5936

**CONTACT:**