

ALPHARETTA FIRST METHODIST CHURCH SECURITIES TRANSFER INFORMATION FORM

PLEASE NOTIFY THE FINANCE OFFICE SO WE CAN IDENTIFY THE DONOR:

Alpharetta Methodist, Director of Finance

69 North Main Street

Alpharetta, GA 30009

hcork@amchurch.com and giving@amchurch.com

Donor Information

Donor's Name _____

Street Address _____

City, State, Zip Code _____

Telephone _____

Donor's Broker Information

Broker/Organization Name _____

Street Address _____

City, State, Zip Code _____

Telephone _____

Donation Information

Date of Transfer _____

Name of Stock _____

Number of Shares _____

Est. Value at Transfer Date _____

Please apply these funds as follows:

\$ _____ Church Operating Budget

\$ _____ Debt Reduction

\$ _____ Other (Please Specify) _____

\$ _____ Other (Please Specify) _____

Receiving Broker Information:

Fidelity Investments

DTC# 0226

Account# Z72-562068

Account Name: Georgia United Methodist Foundation

For: Alpharetta First Methodist Church, Inc.