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
ktyska@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# *Z20988259*
Account Name: *Alpharetta First Methodist Church, Inc.*