

STOCK TRANSFER VERIFICATION FORM

SECTION I (to be completed by donor)

Donor Name: _____

Donor Address: _____

Class Year: _____

Phone Number: (____) _____ - _____

Donation of: Name of Stock (company) _____

Number of Shares _____

SECTION II (to be completed by stock transfer agent – Private Broker or Brokerage Firm)

Total Number of Shares Transferred: _____

Total Dollar Value of Transfer: \$ _____

Date Transfer Completed: _____ / _____ / _____

Verification Signature: _____

Date: _____ / _____ / _____

Please return completed form to:

**David K. Berkner
Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
Fax: (201) 216 - 8247**