



Georgia Baptist
Foundation

3237 Satellite Blvd, Ste 150
Duluth, GA 30096-9028

Pamela Mills
(770) 216-7534
pmills@gbfoundation.org

**If you did not complete this form
online, please complete the form
now. Print and sign the form, then
take it to your financial advisor.**





DATE

Gift Clearing Instructions

Shares of DTC transferable securities should be delivered from your (the donor's) investment account to Georgia Baptist Foundation's brokerage account at:

Wells Fargo Advisors
DTC Clearing No. 0141
Credit to Georgia Baptist Foundation, Inc.
Account # 38418939

For all other transfers, contact Pamela Mills at [770.216.7534](tel:770.216.7534) or pmills@gbfoundation.org

The Foundation will provide you with a contribution acknowledgement substantiating the date shares settle in the Foundation account. The transfer of securities listed on the following page(s) is an irrevocable charitable donation to the Georgia Baptist Foundation for the benefit of your chosen Christian ministry.

*** Please Note: For S-Corp or other securities, please contact Pamela Mills directly.**

Non-Cash Gift Description

What would you like to donate?

1. SECURITY NAME / TICKER SYMBOL _____ # of Shares _____

2. SECURITY NAME / TICKER SYMBOL _____ # of Shares _____

** More than two gifts of stock will populate on a second page.*

FINANCIAL ADVISOR NAME

NAME OF INVESTMENT COMPANY

STREET ADDRESS

CITY

STATE

ZIP

Authorization

DONOR 1 FULL NAME

DONOR 1 SIGNATURE

DONOR 2 FULL NAME (IF HELD JOINTLY)

DONOR 2 SIGNATURE



DATE

Non-Cash Gift Description

Additional non-cash gifts (continuation from page 1)

3. SECURITY NAME / TICKER SYMBOL _____ # of Shares _____

4. SECURITY NAME / TICKER SYMBOL _____ # of Shares _____

5. SECURITY NAME / TICKER SYMBOL _____ # of Shares _____

6. SECURITY NAME / TICKER SYMBOL _____ # of Shares _____

Authorization

DONOR 1 FULL NAME

DONOR 1 SIGNATURE

DONOR 2 FULL NAME (IF HELD JOINTLY)

DONOR 2 SIGNATURE



DATE

Gift Clearing Designation

Who benefits from your gift?

NAME OF MINISTRY

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY CONTACT NAME FOR THE MINISTRY

MINISTRY CONTACT'S EMAIL

MINISTRY CONTACT'S PHONE

DO YOU WISH FOR THE GIFT TO REMAIN ANONYMOUS?

\$

ANTICIPATED GIFT AMOUNT

Authorization

DONOR 1 FULL NAME

DONOR 2 FULL NAME (IF HELD JOINTLY)

DONOR 1 EMAIL

DONOR 1 PHONE

DONOR 1 STREET ADDRESS

CITY

STATE

ZIP