

MEDICAL COLLEGE *of Georgia* FOUNDATION



Securities Transmittal Form

The following securities are expected to be delivered to the account of the Medical College of Georgia Foundation, Inc. We request that you liquidate these shares upon receipt.

Securities Transmittal Information

Delivery Date _____

Security Name _____

Ticker/Symbol _____

CUSIP _____

of Shares _____

Delivering Firm _____

Delivering DTC _____

Donor Information

Name _____

Address _____

City, State ZIP _____

Phone _____

Email _____

Fund Designation _____

MCG Foundation Authorization

Print Name _____

Title _____

Signature _____

Date _____