

Agent / Banker	Date:
Broker: Address:	
City / State / Zip:	
Muscular Dystrophy Ass	sociation: Stock Gift Notification Form
-	ration to transfer the following common stock to the
Muscular Dystro	phy Association as a charitable gift:
Stock Name:	
Ticker Symbol:	
Gift Designation / Restriction (if any):	
The Muscular Dystrophy Association req	quests that you deliver these shares to our custodial account at:
Firm Name: Merrill L	ynch
Account Title: Muscul	ar Dystrophy Association
Account Number: 86F	₹- 020 72
DTC #: 8862	660
MDA's Tax ID #: 13-16	J05552
Thank you for your assistance in co	ompleting this gift to the Muscular Dystrophy Association
Donor Contact Information (informat	ion will be used to mail out acknowledgment letter upon receipt of gift)
Name:	Phone:
Address:	Email:
City / State / Zip:	
PLEASE NOTE: Please notify the Muscula	ar Dystrophy Association of this donation by phone, fax, or email
·	
Notification of this dor	nation is required to receive tax receipt.

Muscular Dystrophy Association Legacy Gifts/ Stock Gifts Email: kriordan@mdausa.org 1016 W. Jackson Blvd. #1073 Chicago, IL 60607

Phone: 312-260-5936

CONTACT: