

Date:					
To:					
	Broker's name	9			
	Brokerage Firr	n			
	Address				
	City/State/Zip				
RE:					
	Brokerage Acc	count Name and A	ccount Numbe	- r	
Dear E	Broker:				
Effecti	ve	_, please transfer		share	es of
	Date		Number of SI	nares	Company Name
from n	ny account, refe	erenced above, via	the following in	nstructions:	
	es Schwab & Co Clearing 0164, C	-			
Accou		COMMUNITY FO	UNDATION OF	THE NAPA	A VALLEY (LIQUIDITY)
		nts an irrevocable of the			Iley Community Foundation, as or Fund.
			Name	e of Fund at	NVCF
transfe					Foundation on the day of the uld there be any questions, you
Daytin	ne phone	·			
Thank	you,				
Signat	ure				
Name	of Donor (Printe	ed)	-		
Addres	SS				
City/St	tate/Zip				

cc via fax: Terence Mulligan, Napa Valley Community Foundation, 707.254.7955