

PLEASE COMPLETE THIS FORM, SUBMIT THE ORIGINAL TO YOUR BROKER, AND SEND A COPY TO SARAH LEHMAN, VICE PRESIDENT, AT NAPA VALLEY COMMUNITY FOUNDATION BY EMAIL TO SARAH@NAPAVALLEYCF.ORG.

Date:	
To:	
	Broker's name
	Brokerage Firm
	Address
	City/State/Zip
	Daytime Phone Number
RE:	Brokerage Account Name and Account Number
	Biokerage Account Name and Account Number
Dear E	Broker:
Effecti	ve, please transfershares of (DATE) (NUMBER OF SHARES) (COMPANY NAME)
	(DATE) (NUMBER OF SHARES) (COMPANY NAME)
from n	ny account, referenced above, via the following instructions:
	Charles Schwab & Co., Inc.
	DTC Clearing 0164, Code 40
	Account Registration: COMMUNITY FOUNDATION OF THE NAPA VALLEY (LIQUIDITY) Account Number: 6809-3610
This tr date. f	ansfer represents an irrevocable contribution to Napa Valley Community Foundation, as of this or the benefit of the
,	or the benefit of the Fund.
Thank	you,
Signat	ure
Name	of Donor (Printed)
Addres	SS
City/St	ate/Zip