



# Baystate Health Foundation

## STOCK TRANSFER INFORMATION FORM

DONOR NAME: \_\_\_\_\_

DONOR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Account \_\_\_\_\_, Account Number \_\_\_\_\_

I wish to make a charitable contribution to Baystate Health Foundation, Inc. for the purpose of:

\_\_\_\_\_

Please transfer from the above referenced account to Baystate Health Foundation, Inc., the following shares:

\_\_\_\_\_

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Baystate Health Foundation's account information:

Northern Trust  
DTC Number: 2669  
Agent Bank: 20290  
For Further Credit to AC 4475648

Our representatives at Northern Trust are:

James Nanavati – 312-557-9761 / [jn93@ntrs.com](mailto:jn93@ntrs.com)

Northern Trust Client Services – 312-444-5453 / [PEI\\_ARA@ntrs.com](mailto:PEI_ARA@ntrs.com)

Please forward this form to:

Catherine Spadoni  
Catherine.Spadoni@bhs.org  
Baystate Health Foundation, Inc.  
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Springfield, MA 01199  
(413) 794-5444  
(413) 794-7729 fax