



## STOCK CONTRIBUTION FORM

### SECTION I. DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please apply this gift to:

Endowment    Membership    One-time gift    Pledge    Other \_\_\_\_\_

### SECTION II. BROKER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### SECTION III. STOCK INFORMATION

Name of Stock \_\_\_\_\_

Number of Shares \_\_\_\_\_ Date of Transfer \_\_\_\_\_

**Return completed form to:**

Barbara Owens

Chief Development Officer

315 East Warren Avenue

Detroit, Michigan 48201-1443

Fax: (313) 494-5855   Phone: (313) 494-5852