

STOCK DONATION FORM

Please complete the information below to notify IMANA of your gift and help ensure it is processed accurately. **Please email, fax, or mail completed form to IMANA Headquarters at:**

IMANA, 101 W 22nd Street Ste 104, Lombard, Illinois 60148

Email: hq@imana.org | Fax: 630.932.0005 | Telephone: 630.932.0000

DONOR INFORMATION

DONOR NAME (INDIVIDUAL, C	ORPORATION, FOUNDATION)		
DONOR'S ADDRESS (STREET AI	DDRESS, CITY, STATE & ZIP CODE)		
DONOR'S TELEPHONE		DONOR'S EMAIL	
BROKER INFORMAT	ION		
BROKER COMPANY		BROKER CONTACT'S NAME	
BROKER'S ADDRESS (STREET A	DDRESS, CITY, STATE & ZIP CODE)		
BROKER'S TELEPHONE		BROKER'S EMAIL	
STOCK INFORMATIC	DN		
NAME OF STOCK		NUMBER OF SHARES	
NAME OF STOCK		NUMBER OF SHARES	
Please specify the pur	pose of your gift:	re Needed Most ☐ Event ☐Grant ☐Other	
Is this a tribute gift?	□No		
	Yes, In Honor of	Yes, In Memory of	
Please mail tribute car	d to: NAME(S) & ADDRESS		
ELECTRONIC DELIVE	RY THROUGH UBS Fina	incial Services INC)	
Transfer to:	UBS 500 Campus Drive Florham Park, NJ 07932 973-360-4200		
Account Name: Islamic Medical Association of North America Feder Account Number: MW 59053		Federal Tax Exempt Number: 36-4166125	
Reference: Dono	r Name (Including your nam	ne will ensure the gift is properly acknowledged.)	

Thank you for selecting IMANA as the recipient of your charitable gift.

You may be eligible to increase the power of your donation with employer matching funds. Many employers will match your personal donation. Check with your company for more information on matching gift programs.