



Kennesaw State University Foundation

Letter of Authorization to Broker

Date: _____
Broker's Name: _____
Company: _____
Address: _____
City, State, Zip: _____

Complete this form and send to your broker. **Mail, scan or fax a copy to KSUF.** See below for instructions.

Dear: _____

Please accept this form as your authorization to transfer irrevocably the following securities as a gift to the Kennesaw State University Foundation:

Name of Security: _____
Number of Shares: _____

The Kennesaw State University Foundation prefers that the securities be electronically transferred to its account at **U.S. Trust, Bank of America.**

DTC Number: #0955
KSUF's Account Number: 60-16-100-3804929
Broker's Phone Number: (404) 264-1377

This gift is for the benefit of the following department, program, fund or project:

Sincerely,

Signature: _____ Account #: _____

Name (Please Print): _____ Phone: _____

cc: Kennesaw State University Foundation

Mail to: **Kennesaw State University Foundation**
Attn: Valerie Patrick
3391 Town Point Dr.
Suite 4430, MD 9101
Kennesaw, GA 30144-5591
(470) 578-6675

Scan to: **ksufoundation@kennesaw.edu**
Fax to: **(470) 578-9196**