STOCK TRANSFER INSTRUCTIONS

(Date)	(Donor's Full Name)
(Broker's Name)	(Donor's Street Address)
(Broker's Firm)	(City, State, Zip)
(Street Address)	(Daytime Phone Number)
(City, State, Zip)	_
(Daytime Phone Number)	_
RE: Account #	-
Dear	_:
I hereby authorize the immediate transfer by gift of (indicate n	umber) shares of
(indicate corporation)	stock to Archbishop Mitty High School:
Taxpayer ID#: 94-2734503 DTC Clearing Number: 0015 Account Title: Archbishop Mitty High S Account#: 662-049071-866 Broker: Morgan Stanley Attn: Christian May Contact: (650) 496-4294	chool
Please call if you have any questions.	Yours truly,
	(Donor's Signature)
Please also return a copy of this completed form to: Archbishop Mitty High School Advancement Office 5000 Mitty Avenue, San José, California 95129 Tel: 408-252-3923 • Fax: 408-252-1181 • email: krodman@mitty.	.com
OPTIONAL SHARE IDENTIFICAT	TION (Please consult your tax advisor)
Attention broker: please include share identif	fication below in written transaction confirmation.
Specify stock certificate number(s) delivered to broker, or indicate "held on account"	
Indicate dates(s) specific lot(s) acquired	

