



Date: _____

Mental Wellness Center
617 Garden Street
Santa Barbara, CA 93101

To Whom It May Concern:

I hereby give _____ shares of _____ stock
to the Mental Wellness Center for the purpose of:

Sincerely,

Donor Signature

Print Donor's Full Name

Address

Phone Number

The Mental Wellness Center is a tax-exempt 501c3 charitable organization, Tax ID# 95-1962659.