

Letter of Authorization to Transfer Stock

The Letter of Authorization below is provided for your convenience. If you are transferring stock to Spur Local currently held in your brokerage account, please complete the letter and follow these important instructions:

- 1. All parties on the account must sign the letter.
- 2. Please complete this form in its entirety and fax or email to your broker or trustor.
- 3. To ensure we are able to properly identify you as the donor and provide you with a tax receipt, please forward a copy of the completed Letter of Authorization to Spur Local via email to stockdonation@spurlocal.org.

Today's Date	Name and Address of Delivering Broker
Please accept this letter as my authorization to irrevocably transfer a portion of the positions from my account with your firm. My account number is:	
1. shares of	
2 shares of	
3 shares of	
Please deliver all eligible stocks to:	For the account:
Charles Schwab & Co., Inc.	Spur Local, Inc.
IS Document Control	Account No.: 5015-2701
P.O. Box 982600	DTC No.: 0164
El Paso, TX 79998-2600	
Shares should be transferred in kind and	d are not to be liquidated.
	e organizations listed below. If you have any questions or if
Donor Name and Mailing Address	ase contact me immediately at:(phone).
	Full Name (Please Print)
Donor Name and Mailing Address Signature	Full Name (Please Print) e email a copy the completed form to Spur Local at
Donor Name and Mailing Address Signature Spur Local Donation Information. Pleas stockdonation@spurlocal.org. Shares are being donated for the benefit	Full Name (Please Print) e email a copy the completed form to Spur Local at tof the following organizations:
Donor Name and Mailing Address Signature Spur Local Donation Information. Pleas stockdonation@spurlocal.org.	Full Name (Please Print) e email a copy the completed form to Spur Local at t of the following organizations: Percentage:
Donor Name and Mailing Address Signature Spur Local Donation Information. Pleas stockdonation@spurlocal.org. Shares are being donated for the benefit 1	Full Name (Please Print) e email a copy the completed form to Spur Local at t of the following organizations: Percentage: