



Please use this form to submit changes to your American Heart Donor Advised Fund. If you need assistance, call 800-584-8946.

**Return completed forms to:**

**American Heart Association  
Donor Advised Fund Program**  
8910 Purdue Road, Suite 555  
Indianapolis, IN 46268

Fax: **877-222-1829**

Email: **heart@reninc.com**

## ■ DONOR ADVISED FUND INFORMATION

Fund name	
Account #	

## ■ PERSONAL INFORMATION CHANGE:

GRANT ADVISOR 1		GRANT ADVISOR 2	
Full name		Full name	
Street address		Street address	
City/State/Zip		City/State/Zip	
Home phone		Home phone	
Business phone		Business phone	
Email address		Email address	
Grant Advisor of Record? <input type="checkbox"/> yes <input type="checkbox"/> no		Grant Advisor of Record? <input type="checkbox"/> yes <input type="checkbox"/> no	

## ■ SUCCESSOR GRANT ADVISOR CHANGE:

Full name		Full name	
Street address		Street address	
City/State/Zip		City/State/Zip	
Home phone		Home phone	
Business phone		Business phone	
Email address		Email address	
Succeeds		Succeeds	

If appointing a Successor Grant Advisor, please indicate when the succession occurs:

- Effective immediately
- Effective at death of the current Grant Advisor



## ■ GRANT ADVISOR LIMITATIONS

- The person(s) or organization named under Successor Grant Advisor may make grant recommendations up to the full amount of the fund.
- The person(s) or organization named under Successor Grant Advisor may make grant recommendation(s) from the fund each year subject to the following limitations.

Successor #1	Successor #2	
Percent of fund or dollar amount	Percent of fund or dollar amount	

*Attach a list of any additional donors and the type of authority and percentages, if applicable, being assigned them.*

## ■ CHANGE FUND NAME

New fund name \_\_\_\_\_

## ■ ACKNOWLEDGMENT

The undersigned Donor(s) (hereafter referred to in the first person singular) acknowledges that I have read the Foundation's program donor guide and understand that any recommendation is advisory only and is subject to the full and exclusive control and discretion of Renaissance Charitable Foundation Inc.

Signature		Date
Printed Name of Donor		
Signature		Date
Printed Name of Donor		

*If married, both donors should sign.*

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 Email: [heart@reninc.com](mailto:heart@reninc.com)  
 or visit our website at:  
[www.heart.org/donoradvisedfund](http://www.heart.org/donoradvisedfund)