



Please use this form to contribute additional assets to your American Heart Association Donor Advised Fund.

Each additional contribution must have a fair market value of at least **\$1,000**. Checks should be made payable to Renaissance Charitable Foundation Inc. If you need assistance, please contact your financial advisor or 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 # or Donor of Record SSN			

SOURCE OF CONTRIBUTION:

Additional contributions may be made by donors or their designated family members and friends. Please provide the following information for the person(s) making this additional contribution. If the original donor is the contributor, only the name of the donor is required (in addition to any information that has changed since the submission of the Donor Application.)

DONOR #1

Full name			Date of birth	
Social Security number				
Street address				
City/State/Zip			Fax number	
Home phone			Business phone	
Email address				

DONOR #2

Full name			Date of birth	
Social Security number				
Street address				
City/State/Zip			Fax number	
Home phone			Business phone	
Email address				



■ CONTRIBUTIONS

You may wire cash, send checks, as well as send securities, directly to your new account at Renaissance Charitable Foundation Inc. Please have your financial advisor complete the Investment Policy Statement and Acknowledgment prior to establishing a new individually managed investment account in the name of Renaissance Charitable Foundation Inc. **Checks should be made payable to Renaissance Charitable Foundation, Inc. and mailed to Renaissance Charitable Foundation Inc., 8910 Purdue Rd. Ste. 555, Indianapolis, IN 46268.** Cash can also be wired to your account using the Wire Transfer Instructions below. *You or your financial advisor must initiate all transfers to Renaissance Charitable Foundation Inc.*

CASH

\$

WIRE INSTRUCTIONS

Bank: UBS AG, Stamford, CT
ABA: 026007993
UBS Financial Services, Inc.
Account Number: 101WA258640000
Further Credit To: Renaissance Charitable Foundation, Inc.
Account Number: UX52396

MARKETABLE SECURITIES

Name of security issuer				
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Where security certificate is held				
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Ticker/CUSIP	Account #	# of shares		
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Name of security issuer				
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Where security certificate is held				
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Ticker/CUSIP	Account #	# of shares		
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Name of security issuer				
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Where security certificate is held				
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Ticker/CUSIP	Account #	# of shares		
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(Please attach additional marketable securities information in the same format, if needed)

Securities Total \$

DTC INSTRUCTIONS

You may send securities electronically to the AHA Donor Advised Fund Program at RCF using the transfer instructions below:

DTC#: 0221
Firm: UBS Financial Services
Address: 2555 E. Camelback Rd. Ste 600, Phoenix, AZ 85016
Further Credit to: Renaissance Charitable Foundation, Inc.
Account Number: UX52396

OTHER ASSETS

If you wish to contribute an asset other than cash or publicly traded securities, please call the Foundation to discuss the review process.



■ ACKNOWLEDGMENT

The undersigned donor(s) (hereafter referred to in the first person singular) makes an irrevocable and non-refundable gift for charitable purposes to Renaissance Charitable Foundation Inc. (the "Foundation"). By signing below, I hereby acknowledge that I have read the initial donor application (the "Application") and the Foundation's donor information circular entitled "American Heart Association Donor Advised Fund: A Donor's Guide" (the "Circular"), and I agree to the terms and conditions set forth in the Application and the Circular. I certify that, to the best of my knowledge, all information presented in connection with this Additional Contribution Form is accurate and agree to notify the Foundation promptly of any changes. I also understand that my capacity as a donor is advisory in nature and that the Foundation has the sole and exclusive authority and discretion to invest and disburse the property hereby transferred.

Donor #1 Signature		Date
Printed Name of Donor #1		
Donor #2 Signature		Date
Printed Name of Donor #2		

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or visit our website at:
heart.org/donoradvisedfund