

# GLOBAL GIFT FUND®

## A DONOR ADVISED SERVICE OF THE MDRT FOUNDATION ADDITIONAL CONTRIBUTION FORM – CASH

### 1. Donor Information:

Name(s)
Fund Name

Daytime Phone
Fax

*If other than the individual(s) listed on the account, Please indicate name, address, and Social Security number of the individual(s) making the contribution:*

#### Individual 1

Name	Address		
City	State	Zip Code	SS #

#### Individual 2

Name	Address		
City	State	Zip Code	SS #

2. **Contribution:** You may make contributions to your Global Gift Fund at any time in the amount of \$1,000 or more.

A check in the amount of \$ \_\_\_\_\_ is enclosed, made payable to **Global Gift Fund /** \_\_\_\_\_ (name of fund).

3. I certify that, to the best of my knowledge, all information presented on this form is accurate, no goods or services have been provided to the Donor and I agree to notify the MDRT Foundation promptly of any changes.

Donor Signature and Date
Name (Please Print)

<i>Mail completed form with contribution to:</i>	<i>Global Gift Fund Advisor Services 6100 W 96<sup>th</sup> St., Suite 120 Indianapolis, IN 46278</i>
<i>Questions:</i>	<i>Global Gift Fund Home Office 877.685.4644 Global Gift Fund Advisor Services 866. 301.0845</i>