

GLOBAL GIFT FUND®

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

1. Donor Information:

Name(s)	Daytime Phone
Fund Name	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 i the amount of \$1,000 or more. All securities transfers must be initiated by the Donor or your DonorAdvisor.

I authorize the transfer of securities to **Global Gift Fund®** / _____
(name of your fund).

3. Securities Information:

All securities transfers must be initiated by the Donor or your DonorAdvisor.
Please refer to the DonorAdvisor manual for additional details.

Follow application process instructions.

Firm Name (where security is held now)	
Broker Name	
Broker's Telephone Number ()	
Name of Security	
Account Number	
Number of Shares	Approximate Dollar Amount*

* When a specific number of shares is indicated, that amount is taken. Or you can indicate a dollar amount only. The Foundation makes an estimate of the number of shares required to match the dollar amount indicated.

4. I certify that, to the best of my knowledge, all information presented on this form is accurate and I agree to notify the MDRT Foundation promptly of any changes.

Donor Signature	Date
Name (Please Print)	

<i>Mail completed form to:</i>	<i>Global Gift Fund[®] Advisor Services 6100 W. 96th Street, Suite 120 Indianapolis, IN 46278</i>
<i>Or Fax:</i>	<i>317.843.5417</i>
<i>Questions:</i>	<i>Global Gift Fund Home Office 877.685.4644 Global Gift Fund Advisor Services 866.301.0845</i>