

# 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 in 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 MDRT 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. I acknowledge that the MDRT Foundation has exclusive legal control over the assets contributed.

<b>Donor Signature</b>	<b>Date</b>
Name (Please Print)	

<i>Mail completed form to:</i>	<i>Global Gift Fund<sup>®</sup> Advisor Services 6100 W. 96<sup>th</sup> Street, Suite 120 Indianapolis, IN 46278</i>
<i>Or Fax:</i>	<i>877-736-4624</i>
<i>Questions:</i>	<i>Global Gift Fund Home Office 877.685.4644 Global Gift Fund Advisor Services 866.301.0845</i>