

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

Donor Signature and Date
Name (Please Print)

*Mail completed form with contribution to: Global Gift Fund Advisor Services
6100 W 96th St., Suite 120
Indianapolis, IN 46278*

*Questions: Global Gift Fund Home Office 877.685.4644
Global Gift Fund Advisor Services 866. 301.0845*