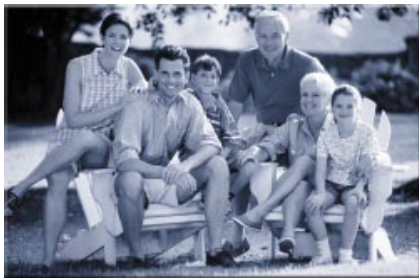


The **Renaissance** Charitable Gift Fund

APPLICATION



Renaissance Charitable Foundation Inc.

Please complete all information in this application form. Print in ink or type. The minimum initial contribution is \$5,000 and the minimum additional contribution is \$250. If you need assistance, you may contact your financial advisor or call **866-803-0389**. Mail completed forms to: Renaissance Charitable Foundation Inc., 6100 W. 96th Street, Suite 105, Indianapolis, Indiana 46278, or fax them to (317) 843-5417.

DONOR-ADVISED FUND INFORMATION

Your fund can be named after you or your family, or it can reflect an area of interest to you (e.g. John Donor Family Fund, or the Donor Fund for the Arts). Unless you choose to remain anonymous, the name of your fund will be used in correspondence to the charitable organizations that receive grants from the fund. The words "trust", "foundation," and "endowment" cannot be used in your fund name.

Fund Name: _____

Recommended Primary Charitable Purpose: _____

DONOR INFORMATION

Donor of Record:

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: () _____ Business Phone: () _____

E-mail Address: _____ Social Security Number: _____

Fax: () _____

Reports will be mailed to the Donor of Record only.

Additional donors:

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____ Social Security Number: _____

Fax: () _____

Mr/Mrs/Ms: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____ Social Security Number: _____

Fax: () _____

CONTRIBUTIONS

To make contributions by check or wire transfer, please fill out the section below or call your financial advisor for assistance.

CASH (Indicate amount in space provided)

\$ _____ Cash
\$ _____ Check (payable to Renaissance Charitable Foundation Inc.)
\$ _____ Cashier's check
\$ _____ Wire transfer (please request wire transfer instructions from your financial advisor)
\$ _____ Other (describe) _____

MARKETABLE SECURITIES

Please complete the information requested below and follow the transfer instructions from your financial advisor for the following securities.

Name of security issuer: _____

Where security certificate is held: _____

Ticker/CUSIP: _____ Account number: _____ # of Shares: _____

Name of security issuer: _____

Where security certificate is held: _____

Ticker/CUSIP: _____ Account number: _____ # of Shares: _____

Name of security issuer: _____

Where security certificate is held: _____

Ticker/CUSIP: _____ Account number: _____ # of Shares: _____

(Please attach additional marketable securities information in the same format, if needed.)

INVESTMENT MANAGER

You may recommend an investment manager for your fund; however, final selection will be made by Renaissance Charitable Foundation Inc. All managers retained by the Foundation must adhere to the Foundation's investment policies. If you do not recommend a manager, the Foundation will appoint one for your fund.

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: () _____ Fax Number: () _____

E-mail Address: _____

