

**To the Donor:** Donations to *The T. Rowe Price Program for Charitable Giving* can include marketable securities (e.g., stocks and bonds), mutual funds, and checks. Initial donations must be made in the amount of \$10,000 or more. Subsequent donations can be as little as \$500. All donations to the Program are irrevocable. Your donation is fully tax-deductible, up to allowable Internal Revenue Service limits, and can be included on your federal income tax return. For donations of marketable securities, your donation is based on the market average (an average of the high value and low value) of the securities **on the day the donation is received in good order**. For mutual funds, your donation is based on the closing net asset value **on the day the donation is received in good order**. This amount will be provided to you by the Program. You will need to report the value of donated securities and mutual funds on Form 8283, Noncash Charitable Contributions. Please contact *The T. Rowe Price Program for Charitable Giving* if you have any questions regarding your gift or the Program at 1-800-690-0438.

**SECTION I** *About You*

- To open an account with *The T. Rowe Price Program for Charitable Giving*, please complete this form. If you are donating securities or closed-end mutual funds held by a firm other than T. Rowe Price, you must also complete the Delivery Instructions form. Please see the Delivery Instructions form for more detailed information.
- You must complete Sections I, II, VII, VIII, and IX as well as the appropriate section(s) (III-VI) that describe the asset(s) you are contributing to *The T. Rowe Price Program for Charitable Giving*.

**PRIMARY DONOR-ADVISOR**

MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

DONOR-ADVISOR NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TAX ID NUMBER (TIN): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**JOINT DONOR-ADVISOR**

MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

JOINT DONOR-ADVISOR NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TAX ID NUMBER (TIN): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*Note: Primary and joint donor-advisors remain associated with an account until death or other issues leading to disqualification. Primary and joint donor-advisors can withdraw from an account by making a request in writing. The person(s) indicated as the primary and joint donor-advisor (if named) will receive all account statements and subsequent donor communications at the address(es) indicated.*

**SECTION II** *Naming Your Donor-Advised Fund*

The name indicated here can reflect the nature of your charitable mission and/or include individual or family names (for example, *The John Smith Fund for the Arts* or *The Jane Smith Family Charitable Gift Fund*).

NAME OF DONOR-ADVISED FUND TO BE ESTABLISHED: \_\_\_\_\_

*Note: The name you select will be used at your discretion when communicating with grantee organizations and, if you prefer to remain anonymous, will be used only for communications between the Program and you.*

### SECTION III *Donation by Check or Wire Transfer*

I would like to donate \$\_\_\_\_\_ to *The T. Rowe Price Program for Charitable Giving, Inc.*, and have enclosed my check or contacted *The T. Rowe Price Program for Charitable Giving* to initiate a wire transfer. Please make checks payable to *The T. Rowe Price Program for Charitable Giving, Inc.* (Please do not send cash.)

### SECTION IV *Gifts of Mutual Funds*

I would like to donate to *The T. Rowe Price Program for Charitable Giving* the mutual funds listed below by transferring them in kind to *The T. Rowe Price Program for Charitable Giving*.

Account Number	Name of Mutual Fund Being Donated In Kind	No. of Shares	Approximate Dollar Value

NAME OF FIRM HOLDING YOUR ASSETS:\*

NAME(S) ON ACCOUNT:

\*If the financial institution holding your mutual funds is other than T. Rowe Price, you must **enclose your most recent account statement** from the financial institution holding the mutual funds you are donating.

### SECTION V *Gifts of Stocks Held at a Financial Institution*

I would like to donate to *The T. Rowe Price Program for Charitable Giving* the securities listed below by transferring them in kind to *The T. Rowe Price Program for Charitable Giving*.

Name of Security Being Donated In Kind	Number of Shares	Approximate Dollar Value

NAME OF FIRM HOLDING YOUR ASSETS:

ACCOUNT NUMBER:

NAME(S) ON ACCOUNT:

#### **Delivery instructions for securities held at financial institutions other than T. Rowe Price**

If your account is with a financial institution other than T. Rowe Price, please provide a contact name at the brokerage firm or financial institution holding your assets. This information should be available on your current statement. **You must also complete the Delivery Instructions form.**

CONTACT:

PHONE NUMBER:

### SECTION VI *Security Certificates Held in Your Personal Possession*

If you need assistance in completing the endorsement of the security, please call 1-800-690-0438.

- Please send securities within your personal possession via registered, certified, or overnight delivery. See Section IX for mailing address.

I would like to donate to *The T. Rowe Price Program for Charitable Giving* the securities listed below by transferring them in kind to *The T. Rowe Price Program for Charitable Giving*.

Name of Security Being Donated In Kind	Number of Shares	Approximate Dollar Value

**SECTION VII** *Ensuring Your Legacy of Charitable Giving*

**NAMING A SUCCESSOR:** Please indicate the person(s) you wish to succeed you as the primary donor-advisor(s) after death or other issues leading to disqualification of primary donor-advisor(s).

*Note: If you name a joint donor-advisor, this person assumes all rights of the primary donor-advisor.*

**NAMING A SECONDARY DONOR-ADVISOR:** You may extend rights to other individuals, such as financial advisors, family members, and associates, to donate to the account and advise on investment allocations and grant recommendations. If you would like to name one or more secondary donor-advisors, please check the box here and a Program associate will contact you.

**NAMING A CHARITABLE BENEFICIARY:** Should you choose *not* to name a successor, you may instead provide a recommendation of qualified charitable organizations as the beneficiary of the assets remaining in your account after death or other issues leading to disqualification of donor-advisors. *In the event no successor or beneficiary charitable organization is named to your account, all remaining assets will be transferred to The T. Rowe Price Program for Charitable Giving General Giving Fund.*

*Note: If you wish to recommend more than two charitable organizations as beneficiaries, please check the box here to request that a service associate from The T. Rowe Price Program for Charitable Giving contact you.*

**SUCCESSOR 1**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

**SUCCESSOR 2**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

**BENEFICIARY ORGANIZATION 1**

ORGANIZATION NAME: \_\_\_\_\_

PERCENT OF REMAINING ASSETS TO BE GRANTED TO THIS ORGANIZATION: \_\_\_\_\_ %

EMPLOYER ID NUMBER (EIN): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GIFT TO BE USED FOR THE SPECIFIC PURPOSE OF (OPTIONAL): \_\_\_\_\_

**BENEFICIARY ORGANIZATION 2**

ORGANIZATION NAME: \_\_\_\_\_

PERCENT OF REMAINING ASSETS TO BE GRANTED TO THIS ORGANIZATION: \_\_\_\_\_ %

EMPLOYER ID NUMBER (EIN): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GIFT TO BE USED FOR THE SPECIFIC PURPOSE OF (OPTIONAL): \_\_\_\_\_

**SECTION VIII** *Investment Recommendation*

I recommend that this donation (cash donation or proceeds from the sale of noncash assets) be invested in the pool(s) listed below. **List percentages in spaces below to indicate appropriate allocation totaling 100%.** The value of each pool must remain above \$2,500.

<b>INVESTMENT POOL</b>	<b>%</b>
GIFT PRESERVATION POOL	
DIVERSIFIED INCOME POOL	
BALANCED INDEX POOL	
MODERATE GROWTH POOL	
GROWTH POOL	
<b>TOTAL ASSETS:</b>	<b>100%</b>

■ *Note: Should you choose not to recommend an investment allocation for your donation, assets will automatically be allocated to the Gift Preservation Pool.*

**SECTION IX** *Signature*

If you have questions, would like assistance transferring your assets, need additional forms, or wish to confirm receipt of your donation, please contact a service associate by calling 1-800-690-0438 or by visiting our Web site at [www.ProgramForGiving.org](http://www.ProgramForGiving.org).

- Mail your completed forms and your donation (if applicable) to:  
*The T. Rowe Price Program for Charitable Giving*  
 P.O. Box 17115  
 Baltimore, MD 21297-1115

- If mailing your completed forms and donation (physical certificate) via registered, certified, or overnight delivery, use the following address:  
*The T. Rowe Price Program for Charitable Giving*  
 Attention: Securities Processing  
 4515 Painters Mill Road  
 Owings Mills, MD 21117-4903

- Completed forms may be faxed to 1-800-531-0347.

**Signatures required to complete transfer of assets:**

*All registered owners of the donated assets must sign below.*

I (We) hereby make the following donation with the full understanding that it represents an irrevocable donation to *The T. Rowe Price Program for Charitable Giving, Inc.*, and that it will not be refunded to me in any manner. Furthermore, I make the donation with full understanding of my role as donor-advisor and acknowledge that the Program's Board of Directors has complete control over the investments of my donation and its uses for charitable purposes. I also acknowledge that I have read completely the Program's policies and charitable registration disclosures as included in the Program's printed material and on its Web site.

For gifts of marketable securities, the amount invested reflects the proceeds from the sale of securities based on the market value at the time the securities are sold, less the brokerage commission and all other applicable fees.

\_\_\_\_\_  
 PRIMARY DONOR-ADVISOR SIGNATURE DATE

\_\_\_\_\_  
 JOINT DONOR-ADVISOR SIGNATURE DATE

Signature guarantee of existing account/certificate holders listed in Sections IV and V required for: 1) transfer of certain T. Rowe Price accounts (if the account owners are not the same as the donor-advisors listed in Section I); and 2) mutual funds from a financial institution other than T. Rowe Price. *The T. Rowe Price Program for Charitable Giving* has a service agreement with T. Rowe Price, which accepts all eligible guarantor institutions as defined by the Securities Exchange Act of 1934, such as commercial banks that are FDIC members; trust companies; and firms that are members of a domestic stock exchange. Account owners must sign this form in the presence of an officer at the guarantor institution.

\_\_\_\_\_  
 ACCOUNT OWNER OF ASSETS BEING DONATED IF DIFFERENT THAN DONOR-ADVISOR NAMED ABOVE

\_\_\_\_\_  
 JOINT ACCOUNT OWNER OF ASSETS BEING DONATED IF DIFFERENT THAN DONOR-ADVISOR NAMED ABOVE

Signature guarantee services are available at many banks. Notaries public are not acceptable guarantors.

Signature Guarantee Stamp Here:	
NAME OF BANK OR BROKER	
SIGNATURE OF OFFICER	TITLE OF OFFICER
PRINT NAME OF OFFICER	DATE