

Form purpose:

Make a grant recommendation for a charitable organization.

Save postage and time by logging into your account at ProgramForGiving.org or calling ☎.

Mail form to:

The T. Rowe Price
Program for Charitable Giving
P.O. Box 17115
Baltimore, MD 21297-1115

Expedite by fax:

800-619-9262

Questions?

800-690-0438

ProgramForGiving.org

1 ACCOUNT INFORMATION

Donor-Advisor Name(s)	
Program Account Name	Program Account Number

2 GRANT RECIPIENT

Provide the charitable organization information. If you have previously recommended a grant to this organization and the contact information has not changed, only provide the organization name, city, and state.

- Recommendations may lead to a grant. This grant is not tax-deductible.
- The minimum grant recommendation is \$100.

Organization Name			Tax ID Number (if known)	
Organization Mailing Address				
City	State	ZIP Code	Website Address (if known)	
Contact Name (if known)			Phone (if known)	

3 GRANT AMOUNT

Proposed Grant Amount \$

Gift Preservation Pool	%
Diversified Income Pool	%
Balanced Index Pool	%
Moderate Growth Pool	%
Growth Pool	%
Global Equity Pool	%
Total Assets:	%

Provide your investment pool recommendation for disbursement of the funds. If no allocation is provided, the Program will disburse the funds proportionately based on current allocation and minimum balance requirements.



4 GRANT PURPOSE

Provide any specific grant purpose (for example, capital campaign or endowment fund). The Program cannot guarantee that the organization will honor your request and suggests confirming it with the organization before submitting this grant.

Check if appropriate:

- In Honor of
 In Memory of

Name

5 ADVISOR RECOGNITION

Check all the information you would like the Program to release to the charity when issuing this grant if approved.

Check all that apply: Name of donor-advisor(s) Address of donor-advisor(s) Program account name Anonymous

6 GRANT TIMING

Check one:

Issue the grant as soon as approved

Issue the grant on or about

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Issue the grant on a recurring basis:

Quarterly Annually

Beginning (mm/dd/yyyy)

Ending (mm/dd/yyyy)

7 SIGNATURE

I acknowledge that the grant must support a tax-exempt charitable organization and that:

- Grants may not be used to fulfill any preexisting pledge.
- No impermissible benefit (for example, school tuition, membership fees that include special privileges, dues (non-religious), event tickets, goods bought at charity auctions) may be received by any individuals or entities connected to a Program account.
- Grants may not be made to benefit a specific individual, private nonoperating foundation, or foreign-registered charitable organization.
- Grants may not be used for lobbying, political contributions, or support of political campaigns.
- As a result of the Pension Protection Act of 2006, some supporting organizations are no longer eligible for a Program grant.

I understand that The T. Rowe Price Program for Charitable Giving will only consider approval of grant recommendations that conform to these guidelines. 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 website.

Donor-Advisor

Date (mm/dd/yyyy)

 X

