

Renaissance

Contribution Information Form

PARTNERSHIPS

This form must be completed, signed by the Donor(s) and returned to Gift Administration Services Inc., 6100 W. 96th St., Suite 100, Indianapolis, IN 46278.

Name of Trust Contributing to: _____

Date of Contribution*: / / _____

BASIS INFORMATION FOR PARTNERSHIP "1"

Name of Partnership: _____

Original Purchase Date: / / Cost Basis: \$ _____

Fair Market Value on Date of Contribution: \$ _____

BASIS INFORMATION FOR PARTNERSHIP "2"

Name of Partnership: _____

Original Purchase Date: / / Cost Basis: \$ _____

Fair Market Value on Date of Contribution: \$ _____

BASIS INFORMATION FOR PARTNERSHIP "3"

Name of Partnership: _____

Original Purchase Date: / / Cost Basis: \$ _____

Fair Market Value on Date of Contribution: \$ _____

I (we) certify that this information is true and correct to the best of my (our) knowledge and belief.

Signature of Donor

Printed Name

Date

Signature of Donor

Printed Name

Date

*The date the asset is unconditionally delivered to the trustee within the meaning of Reg. §1.170A-1(b). Please provide proof of delivery.