Renaissance

Contribution Information Form

TANGIBLE PERSONAL PROPERTY

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 Property "1"

Description of Property:

Original Acquisition Date: / / Cost Basis: $

Fair Market Value on Date of Contribution: $

Depreciation Claimed: $ Depreciation Recapture: $

Basis Information for Property "2"

Description of Property:

Original Acquisition Date: / / Cost Basis: $

Fair Market Value on Date of Contribution: $

Depreciation Claimed: $ Depreciation Recapture: $

Basis Information for Property "3"

Description of Property:

Original Acquisition Date: / / Cost Basis: $

Fair Market Value on Date of Contribution: $

Depreciation Claimed: $ Depreciation Recapture: $

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.

6100 W. 96th St., Suite 100
Indianapolis, IN 46278
Phone (800) 843-0050
Fax (317) 843-5417

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