

Form purpose:

To open an account with T. Rowe Price Charitable.
 Save postage and time by opening an account online at ProgramForGiving.org.

Mail form to:

T. Rowe Price Charitable
 P.O. Box 17115
 Baltimore, MD 21297-1115

Expedite by fax:

800-619-9262

Questions?

800-690-0438

ProgramForGiving.org

1 ACCOUNT INFORMATION

The account name can reflect the nature of your charitable mission and/or include individual or family names. Examples include The John Smith Fund for the Arts or The Jane Smith Family Charitable Gift Fund. The word "Foundation" may not be included in the Program name.

Account Name			
Primary Donor-Advisor Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		Social Security Number	Daytime Phone
Address			Alternate Phone
City	State	ZIP Code	E-mail Address
Joint Donor-Advisor Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		Social Security Number	Phone
Address			Alternate Phone
City	State	ZIP Code	E-mail Address

2 SUCCESSOR

If you name a joint donor-advisor, this person assumes all rights of the primary donor-advisor upon death or incapacitation. Otherwise the successor(s) provided here will assume all rights of the primary and/or joint donor-advisor.

Successor 1 Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		Social Security Number	Daytime Phone
Address			Relationship to Primary Donor-Advisor
City	State	ZIP Code	E-mail Address
Successor 2 Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		Social Security Number	Phone
Address			Relationship to Primary Donor-Advisor
City	State	ZIP Code	E-mail Address



3 BENEFICIARY ORGANIZATION

If you do not 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 T. Rowe Price Charitable General Giving Fund.

Organization Name 1			Tax ID Number (if known)	Phone
Address				
City	State	ZIP Code	Website Address (if known)	
Grant Purpose (optional)				Percent of Account Assets %

Organization Name 2			Tax ID Number (if known)	Phone
Address				
City	State	ZIP Code	Website Address (if known)	
Grant Purpose (optional)				Percent of Account Assets %

For more beneficiaries, check this box and attach a [separate page](#).

Must total 100%

4 CONTRIBUTIONS

An initial contribution is required of \$10,000 or more. Check which method you will be using to make your initial contribution:



- Cash (check or wire).** Complete and attach the [Contribution of Cash](#) form.
- Mutual Funds or Securities.** Complete and attach the [Contribution of Mutual Funds or Securities](#) form.

5 SIGNATURE(S)

Go Paperless. Quarterly statements are available online for your convenience. Check here to request this service.

Sign me up for paperless statements.

I also acknowledge that I have read completely T. Rowe Price Charitable's policies and charitable registration disclosures as included in T. Rowe Price Charitable's printed material and on its website.

Primary Donor-Advisor	Joint Donor-Advisor
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
 X	 X

