

CONTRIBUTION FORM

Please use this form to report your contribution to Renaissance Charitable Foundation Inc.

Each contribution must have a fair market value of at least \$250. Checks should be made payable to "Renaissance Charitable Foundation Inc." If you need assistance, please call 866-803-0389.

SOURCE OF CONTRIBUTION: Please provide the following information for the person(s) making this contribution.

Donor #1

Mr/Mrs/Ms/Dr: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____

Donor #2

Mr/Mrs/Ms/Dr: _____

Street Address: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____

CONTRIBUTIONS: Contributions may be made in cash or marketable securities. Please complete the information requested below.

I. CASH (Indicate amount in space provided)

\$ _____ Check (payable to Renaissance Charitable Foundation Inc.)

\$ _____ Wire transfer

WIRE

Bank: JP Morgan Chase Bank, N.A.
Routing #: 021000021
Acct. Number: 7079-98415
Acct. Name: Renaissance Charitable Foundation Inc.
For further credit to: India Heritage Foundation

II. MARKETABLE SECURITIES

Please complete the information requested below and instruct your financial advisor to transfer securities to Renaissance Charitable Foundation Inc.

Account Name: JP Morgan Clearing Corp
DTC#: 0352
Account number: 739-43197

Name of security issuer: _____

Where security certificate is held: _____

Ticker/CUSIP: _____ Account number: _____ # of Shares: _____

Name of security issuer: _____

Where security certificate is held: _____

Ticker/CUSIP: _____ Account number: _____ # of Shares: _____

Name of security issuer: _____

Where security certificate is held: _____

Ticker/CUSIP: _____ Account number: _____ # of Shares: _____

(Please attach additional marketable securities information in the same format, if needed.)

III. OTHER ASSETS

If you wish to contribute an asset other than cash or securities that are traded on an exchange, please contact the Foundation to discuss the possibility.

BROKER OR FINANCIAL ADVISOR:

Name: _____

Name of Firm: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

ACKNOWLEDGEMENT:

The undersigned donor(s) (hereafter referred to in the first person singular) makes an irrevocable and non-refundable gift to Renaissance Charitable Foundation Inc. (the "Foundation") subject to the India Heritage Foundation Restricted Fund Agreement. By signing below, I hereby certify that, to the best of my knowledge, all information presented in this Contribution Form is accurate.

Donor #1 Signature: _____ Date: _____

Printed Name of Donor #1: _____

Donor #2 Signature: _____ Date: _____

Printed Name of Donor #2: _____