

Form purpose:

Make a grant recommendation for a charitable organization.

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

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

trowepricecharitable.org

1 ACCOUNT INFORMATION

Donor-Advisor Name(s)	
Account Name	Account Number

2 GRANT RECIPIENT

Provide the charitable organization information.

- 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		%
International Equity Pool		%
Total Equity Market Index Pool		%
International Equity Index Pool		%
Global Impact Equity Pool		%
Total Assets:		%

Provide your investment pool recommendation for disbursement of the funds. If no allocation is provided, the T. Rowe Price Charitable 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). T. Rowe Price Charitable 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 T. Rowe Price Charitable 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) Account name Anonymous
(default if nothing is selected)

6 GRANT TIMING

Check one:

Issue the grant as soon as approved

Issue the grant on or about

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:

- 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 T. Rowe Price Charitable will only consider approval of grant recommendations that conform to these guidelines. 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.

Donor-Advisor

Date (mm/dd/yyyy)

 X

