

# Calvert Foundation GIVING FUND

## Contribution to Existing Giving Fund

### 1. ACCOUNT INFORMATION

\_\_\_\_\_  
Giving Fund Name

\_\_\_\_\_  
Giving Fund Number

### 2. DONOR INFORMATION

Please provide information on each individual making a contribution. *(Attach additional sheets if necessary)*

#### Individual #1

\_\_\_\_\_  
Name *(First, Middle, Last)*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

**Check** \$ \_\_\_\_\_

**Wire** \$ \_\_\_\_\_

**Securities** \$ \_\_\_\_\_

**Mutual Fund(s)** \$ \_\_\_\_\_

#### Individual #2

\_\_\_\_\_  
Name *(First, Middle, Last)*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

**Check** \$ \_\_\_\_\_

**Wire** \$ \_\_\_\_\_

**Securities** \$ \_\_\_\_\_

**Mutual Fund(s)** \$ \_\_\_\_\_

Special Investment Allocation Instructions (if any) or Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. CONTRIBUTION INFORMATION

Please provide information on the source of the contribution. The minimum additional contribution amount is \$250.

#### TO CONTRIBUTE CASH:

**Check** \$ \_\_\_\_\_  
(Make payable to: Calvert Foundation)

**Wire:** \$ \_\_\_\_\_

From Your Bank: \_\_\_\_\_

ABA#: 254 070 116  
Bank Name: Citibank  
Account #: 24071516  
Account Holder: Calvert Social Investment Foundation  
City/State: Rockville, MD

Mail with this form to the address at the end of this form.

**You MUST return this completed form to Calvert Foundation before initiating a wire transfer to ensure your account is properly credited.**

**TO CONTRIBUTE SECURITIES OR MUTUAL FUNDS\*:**

If contributing securities or mutual funds, please **complete the Letter of Instruction** and follow the instructions below.

**Send to Calvert Giving Fund**

**Copy** of Letter of Instruction (LOI) with this completed form

**You MUST return this completed form and the LOI to Calvert Foundation before initiating a securities transfer to ensure your account is properly credited.**

**Please provide the below information:**

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Broker Name

**THEN send to the firm currently holding the securities:**

\_\_\_\_\_  
Broker's Phone

**Original** LOI with Medallion Signature Guarantee

(The Medallion Signature Guarantee may not be required by all securities firms in order to initiate your transfer. You should contact your particular firm for their requirements. If required, a Medallion Signature Guarantee can be obtained at most financial institutions )

\_\_\_\_\_  
Total Approximate value of securities being transferred

You may arrange with your broker to transfer securities directly to Calvert Foundation at the below account:

DTC#: 0164, Code 40  
Custodian: Charles Schwab & Co, Inc.  
Beneficiary Account Name: Calvert Social Investment Foundation  
Beneficiary Account Number: 6059-1162

\*Please note that some securities firms may not be able to transfer *Mutual Fund* holdings directly to the Charles Schwab & Co, Inc. account listed above. If you encounter this situation, please contact a Calvert Foundation Associate and we will assist you in facilitating the transfer.

**TO CONTRIBUTE NON-TRADITIONAL ASSETS:**

If you plan to contribute physical share certificates, real estate or other property or non-traditional assets, please contact a customer service representative at 1.800.248.0337.

**4. SIGNATURE(S)**

**I acknowledge that I have read the Program Circular and agree to its terms and/or conditions described therein. I understand that any contribution, once accepted by Calvert Foundation, represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify Calvert Foundation in writing of any changes. (Please attach any additional donor signatures.)**

\_\_\_\_\_  
Individual #1 Signature                      Name (Please Print)                      Date                      /                      /                      \_\_\_\_\_

\_\_\_\_\_  
Individual #2 Signature                      Name (Please Print)                      Date                      /                      /                      \_\_\_\_\_