

Additional Contribution Form

Complete this form to make an additional contribution to an existing donor advised fund account. Additional forms and brochures are available to be printed directly from our website at **www.nptrust.org.** If you need assistance filling out this form, call us toll-free at **1-888-878-7900.**

1. Account Information

Account Name: The Little Red Violin Foundation

2. Donor Information

Identify all registered owners of the assets being donated. Note: NPT's substantiation letter, which is provided for tax reporting purposes, will be sent to the address listed below.

Donor 1		
Mr./Mrs./ Ms./Dr./ Other	Owner or Trustee (first, middle initial, last)	
Social	Security Number	Date of Birth (month, day, year)
Donor 2		
	Joint Owner or Co-Trustee (first, middle initial,	
Social	Security Number	Date of Birth (month, day, year)
Address:		
City/State/Z	.ip:	

3. Gift Information

Refer to the instructions provided in **How to Make New or Additional Contributions,** or call the National Philanthropic Trust for assistance. The minimum contribution is \$5,000 for gifts to an existing program account.

 \Box Cash (Check all that apply)

Dollar Amount \$ _____

Check	Make payable to: National Philanthropic Trust Please mail to: National Philanthropic Trust 165 Township Line Road Suite 150 Jenkintown, PA 19046	□ Wire	Brokerage Firm: UBS Financial Services For Benefit of: National Philanthropic Trust DTC Number: 0221 A/C Title: National Philanthropic Trust A/C Number: PY19885
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□ Securities

Important: If you are transferring securities held outside Pitcairn Trust, attach a completed **Delivery Instructions for** *Securities* form. If you are transferring endorsed security certificates or securities held at Pitcairn Trust, attach a completer Letter of Authorization.

Name of Security	Number of Shares	CUSIP or Symbol	Estimated Dollar Value

□ Mutual Fund Shares

Important: If you are transferring mutual funds held outside Pitcairn Trust, attach a completed *Letter of Authorization* with *medallion signature guarantee* and a recent account statement from your current institution. If you are transferring Pitcairn Funds, your signature on this form authorizes Pitcairn Trust to process the transfer upon instruction from NPT.

Fund Company/Fund Name	Number of Shares	Account Number

□ Donation from Other Charitable Organization

Please identify the type of charitable organization/vehicle that will be the source of the donation.

Name of Charitable Organization/Vehicle:

Estimated Dollar Amount: \$_____

□ Bequest or Remainderment*

Check all boxes that apply to indicate how your gift will be made to the National Philanthropic Trust upon your death.

🗌 Bequest under a will.

Distribution from a life insurance policy.

□ Distribution from an IRA, or 401(k) or other qualified plan.

□ Other (*please specify*)

 \Box Distribution from trust (e.g., charitable remainder trust).

* Please contact NPT for sample language to name NPT as a charitable beneficiary of your will, qualified plan, insurance policy or trust.

5. Acknowledgement of Terms (All donors or trustees named in Section 2 must sign below)

I understand that my gift of the property described in **Section 3** to the National Philanthropic Trust (NPT), a 501(c)(3) public charity, are irrevocable and unconditional. I acknowledge that I have read the Program Circular and agree to the terms and/or conditions contained therein. I certify that, to the best of my knowledge, all information enclosed is accurate and I will notify NPT in writing of any changes.

Donor Signature:	_Date:
Donor Signature:	_Date:

6. Return this completed form and other required documentation to:

Mail: National Philanthropic Trust, 165 Township Line Road, Suite 150, Jenkintown, PA 19046

