

CAMBRIDGE CHARITABLE GIFT FUND

You create your legacy.

Account Information Change Form

Please use this form to submit changes to your Cambridge Charitable Gift Fund.
If you need assistance, call (866) 866-5005.

Return completed forms to:

Renaissance Charitable Foundation, Inc.

8888 Keystone Crossing

Suite 1222

Indianapolis, IN 46240

DONOR-ADVISED FUND INFORMATION

Fund name

Account # or Donor of Record SSN

PERSONAL INFORMATION CHANGE

GRANT ADVISOR 1

Full name

Street address

City/State/Zip

Home phone

Business phone

Email address

Grant Advisor of Record? ☐ yes ☐ no

GRANT ADVISOR 2

Full name

Street address

City/State/Zip

Home phone

Business phone

Email address

Grant Advisor of Record? ☐ yes ☐ no

SUCCESSOR GRANT ADVISOR CHANGE

Full name

Street address

City/State/Zip

Home phone

Business phone

Email address

Succeeds

Full name

Street address

City/State/Zip

Home phone

Business phone

Email address

Succeeds

If appointing a Successor Grant Advisor, please indicate when the succession occurs:

- ☐ Effective immediately
☐ Effective at death of the current Grant Advisor

GRANT ADVISOR LIMITATIONS

- ☐ The person(s) or organization named under Successor Grant Advisor may make grant recommendations up to the full amount of the fund.
- ☐ The person(s) or organization named under Successor Grant Advisor may make grant recommendation(s) from the fund each year subject to the following limitations.

Successor #1

Percent of fund or dollar amount

Successor #2

Percent of fund or dollar amount

*Attach a list of any additional donors and the type of authority and percentages, if applicable, being assigned them.***CHANGE FUND NAME**

New fund name

ACKNOWLEDGMENT

The undersigned Donor(s) (hereafter referred to in the first person singular) acknowledges that I have read the donor-advised fund program circular and understand that any recommendation is advisory only and is subject to the full and exclusive control and discretion of Renaissance Charitable Foundation Inc.

Signature		Date
Printed Name of Donor		
Signature		Date
Printed Name of Donor		

*If married, both donors should sign.***Return completed form to:**

Cambridge Charitable Gift Fund
8888 Keystone Crossing
Suite 1222
Indianapolis, IN 46240

Call: (866) 866-5005

Fax: 641-469-1697

or visit our web site at:

<https://ccgf.donorfirstx.com>