



Make a contribution

Use this form to contribute to a philanthropic account. Contributions are irrevocable upon acceptance by Vanguard Charitable.

If you require extra space, include additional sheets. Please do not staple. For more information, refer to our *Policies & Guidelines*.

Did you know, you can contribute to your philanthropic account online? Visit vanguardcharitable.org and click Login.

Contact us
with questions

donorservice@vanguardcharitable.org

1 Contribution type

This cash gift is to be deposited into The ProgenyHealth Charitable Fund, Account # A2005577 at Vanguard Charitable. The minimum additional contribution is \$5,000.

1. Cash gift

Vanguard Charitable will update this form to match assets as received. Please see pages 7–8 for instructions on completing the transfer of assets.

☐

Check

☐

Wire

☐

ACH/EBT

Dollar amount
\$

Approximate send date *mm-dd-yyyy*

2 Donor information

Identify all registered owners of the asset(s) being donated. Names included in Sections 3a and 3b must match the signatures on page 6. Vanguard Charitable will send a tax substantiation letter to the donor(s) at the address provided below, if applicable. For more information, view our Policies & Guidelines. If you are contributing from a trust, corporation, or other organization, a current Corporate/Organization Standing Certificate must be on file for all gifts over \$10 million.

If you selected individual, joint, you do not need to complete these fields. ►

☐ Individual, Joint or ☐ Trust, Organization, Corporation

Name of trust/organization

Taxpayer Identification Number *last 4 digits*

2 a. Primary Donor/Trustee/Owner

Please complete these fields for all selections above. Vanguard Charitable will send a tax substantiation letter to this address. ►

Name *salutation, first, middle initial, last*

Last 4 digits of ☐ SSN or ☐ PIN

Birth date *mm-dd-yyyy*

Mailing address or P.O. box number

City

State

Zip

Address type

☐ Business ☐ Home ☐ Mailing ☐ Other

Email address

Preferred phone

2 b. Joint Donor/Trustee/Owner

Please complete these fields for all selections above. Vanguard Charitable will send a tax substantiation letter to this address. ►

Name *salutation, first, middle initial, last*

Last 4 digits of ☐ SSN or ☐ PIN

Birth date *mm-dd-yyyy*

Mailing address or P.O. box number

City

State

Zip

Address type

☐ Business ☐ Home ☐ Mailing ☐ Other

Email address

Preferred phone

3 Related Donors

IRS Guidelines require Vanguard Charitable to track donations from related parties. List below the names of any relatives (or organizations on whose behalf you have the authority to act) who have donated to Vanguard Charitable.

Related party

Name <i>salutation, first, middle initial, last</i>
Relationship to donor

4 Required signatures

By signing below, I have been authorized to certify on behalf of all parties on the account the transfer of the assets described in Section 2 to Vanguard Charitable. I acknowledge that my gift of the property described in Section 2 will be irrevocable and unconditional when received and accepted by Vanguard Charitable. I acknowledge that I have read and agree to abide by the terms and conditions set forth in Vanguard Charitable's *Policies & Guidelines*, which will be amended from time to time. I hereby certify, to the best of my knowledge, that all information presented in connection with this form and contribution is accurate and that I will notify Vanguard Charitable promptly of any changes. I confirm I have the full authority to enter into this agreement or to recommend a grant from another donor-advised fund wherein the sponsoring organization is the owner of the funds transferred to Vanguard Charitable.

If a Medallion signature guarantee is required for your contribution, do not sign unless you are in the presence of an authorizing officer.

Please type the full name of the individual signing below	
Signature of owner/trustee/officer A X	Date <i>mm-dd-yyyy</i>

Please type the full name of the individual signing below	
Signature of owner/trustee/officer B X	Date <i>mm-dd-yyyy</i>

5 Instructions for transferring assets

Below are the wiring and mail instructions for Vanguard Charitable to make a donation to The ProgenyHealth Charitable Fund:

By Wire:

If you are wiring a donation, you will also need to mail or email the **Make a Contribution Form for Vanguard Charitable** so the wired funds are deposited in the **ProgenyHealth Charitable Fund** account. The email to send this form to is donorservice@vanguardcharitable.org. If you prefer to mail the form, the mailing instructions are outlined in the next section.

Instructions to wire a donation are:

- Wire to: FRB ABA 011001234 - The Bank of New York Mellon, 225 Liberty St., New York, NY 10286
- For credit to: Account 0724947 - Vanguard Charitable Endowment Program
- Make payable to: Vanguard Charitable Endowment Program
- For further credit to: Your Account Name and/or Number (Our account name is: The ProgenyHealth Charitable Fund, Account # A2005577)

By Mail:

Contribution by Check

To complete your contribution by check to Vanguard Charitable, please mail your check to one of the following addresses listed below, as applicable. Please include in the envelope the **Make a Contribution Form for Vanguard Charitable** and be sure to sign the document.

Please make your check out to Vanguard Charitable Endowment Program.

On the memo line of the check, please list the account these funds are designated for as: **The ProgenyHealth Charitable Fund, Account # A2005577**

By U.S. mail:

Vanguard Charitable
P.O. BOX 9509
Warwick, RI 02889-9509

By registered, certified, or overnight mail:

Vanguard Charitable
2670 Warwick Avenue
Warwick, RI 02889-9509

Return information

Return this form and required documentation to Vanguard Charitable. If the document has a Signature guarantee or Medallion signature guarantee, it must be mailed.

Email:	donorservice@vanguardcharitable.org <i>We recommend encrypting the form and sharing the password with us.</i>
Fax:	866-485-9414
Mail:	P.O. Box 9509 Warwick, RI 02889-9509
Registered, certified or overnight mail:	2670 Warwick Avenue, Warwick, RI 02889-9509