

Donor-Advised Funds

Forms Booklet

June 7, 2019

Offered through U.S. Charitable Gift Trust™

A simplified and tax-advantaged approach to charitable giving. Sponsored by Eaton Vance.

Donor-Advised Funds

U.S. Charitable Gift Trust™ (Gift Trust) is a tax-exempt public charity offering donor-advised funds (Donor-Advised Funds). As described in the Donor-Advised Funds' Gifting Booklet (Gifting Booklet), the Gift Trust makes grants to numerous charitable organizations throughout the United States, including charitable organizations selected by persons transferring acceptable property to the Gift Trust (Donors) and others authorized by Donors to select qualified charitable organizations for grants.

The Gift Trust was established to provide support to a broad range of charitable organizations over time, without incurring the costs and administrative burdens associated with the creation and operation of separate charitable foundations, while at the same time allowing Donors to determine when and how to make their charitable gifts. All grants are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the grant otherwise meets applicable legal requirements.

Eaton Vance Management (Eaton Vance) is the sponsor of the Gift Trust. Eaton Vance Trust Company, a Maine trust company affiliated with Eaton Vance, is trustee of the Gift Trust. Eaton Vance and Calvert Research and Management, a wholly-owned subsidiary of Eaton Vance, are investment advisers of the Gift Trust. Eaton Vance Distributors, Inc., a broker-dealer affiliated with Eaton Vance, is placement agent for the Gift Trust. Renaissance Philanthropic Solutions Group, a charitable gift services administrator not affiliated with Eaton Vance, is the administrator of the Gift Trust.

Contributing to the U.S. Charitable Gift Trust

Eligible Donors may contribute to the Gift Trust by following the instructions in this Forms Booklet. Donors may include individuals and U.S. trusts, estates, corporations and other U.S. legal entities. The Gift Trust will maintain a sub-account (Charitable Account) that will reflect the Donor's contribution to the Gift Trust, the Charitable Account's share of investment returns and grant activity. If accepted by the Trustee, contributions to a single Charitable Account may be made by multiple Donors, such as spouses who each contribute securities they own in their individual names.

Please send your completed Donor Contribution Form* to the Administrator, Renaissance Philanthropic Solutions Group, at the following address and follow the instructions below.

U.S. Charitable Gift Trust
c/o Renaissance Philanthropic Solutions Group
8910 Purdue Road, Suite 500, Indianapolis, IN 46268

Phone: 1-800-664-6901
Fax: 1-877-227-3479
www.uscharitablegifttrust.org
uscgt@reninc.com

Contribution Type	Instructions
Cash	
Check	Please make the check payable to U.S. Charitable Gift Trust. Mail check together with the Donor Contribution Form* to the U.S. Charitable Gift Trust at the Administrator's address above.
Wire	Mail or fax the Donor Contribution Form* to the Administrator, noting that the contribution amount will be arriving via wire. Please wire to: Wells Fargo Bank, N.A., 420 Montgomery Street, San Francisco, CA 94014 ABA Number: 121000248 Account Number: 4529914723 For benefit of: U.S. Charitable Gift Trust FBO: Donor Name
Securities**	
Stock Certificate	Please contact the Administrator at the number above for assistance with this type of transfer.
Publicly Traded Securities Held in a Brokerage Account	Please follow the Instructions for Contributing Securities on pages 14-15.
Mutual Funds Held in a Brokerage Account or Directly with the Fund	Please follow the Instructions for Contributing Securities on pages 14-15.
Please contact the Administrator for additional information about contributing the following: (Contributions of privately held and restricted stock are subject to approval by the Trustee)	<ul style="list-style-type: none"> ▪ Stock held with the Transfer Agent ▪ Stock held in a Dividend Reinvestment Plan ▪ Privately Held Stock ▪ Restricted Stock

* If this is an additional contribution to an existing Charitable Account, please send a completed Additional Contribution Form in lieu of the Donor Contribution Form.

** Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Gifting Booklet.

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Donor Contribution Form

To help fight the funding of terrorism and money laundering, federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account with that financial institution. To open a Charitable Account, you must provide your name, address, date of birth and other information requested by the Administrator, which may include a copy of your driver's license or other identifying documents.

Section 1: Donor Information

For corporate accounts, you must provide a copy of a corporate resolution, and two individuals (Donor Advisors) must be authorized to act on behalf of the organization.

Donor 1 *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr. Organization/Entity

Donor Name Date of Birth Social Security Number

Residential Street Address (P.O. Boxes are not allowed.)

City State Zip Code

Daytime Phone Evening Phone (if different)

Email Address

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City State Zip Code

If Donor 1 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number Identification Type (e.g., Passport)

Donor 2 (if applicable) *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr.

Donor Name	Date of Birth	Social Security Number
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Residential Street Address (P.O. Boxes are not allowed.)

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City	State	Zip Code
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If Donor 2 is not a U.S. citizen and cannot provide a social security number, please provide another government-issued identification number:

Government-Issued Identification Number	Identification Type (e.g., Passport)
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Section 2: Donor Advisor Information (Optional)

I/We designate the individual(s) listed below as Donor Advisor(s) to my/our Charitable Account with authority to grant distributions from the Charitable Account to qualified charitable organizations of her/her/their choosing on a timeframe of his/her/their choosing. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Please attach a separate page listing additional Donor Advisors if necessary.*

Donor 1 *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr.

Donor Advisor Name	Date of Birth	Social Security Number
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Residential Street Address (P.O. Boxes are not allowed.)

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address)

Please check here if Donor Advisor 1 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City	State	Zip Code
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Donor Advisor 2 (if applicable) *Please complete all fields.*

Mr. Mrs. Ms. Miss Dr.

Donor Advisor Name	Date of Birth	Social Security Number
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Residential Street Address (P.O. Boxes are not allowed.)

City	State	Zip Code
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Daytime Phone	Evening Phone (if different)
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Email Address (Unless indicated by checking the box below, all notifications regarding availability of account correspondence will be sent to this email address)

Please check here if Donor Advisor 2 would prefer to receive account correspondence by regular mail rather than electronically. If so, please provide a mailing address if different from the street address listed above.

Account Mailing Address (If different from Residential Street Address, P.O. Boxes are allowed.)

City	State	Zip Code
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If your Charitable Account has two or more Donor Advisors at the same time, indicate below whether you elect to grant each Donor Advisor individual authority to exercise the rights of the Donor Advisor or elect to require the consent of all Donor Advisors then serving.

I/We hereby elect to grant each person then serving as Donor Advisor the individual authority to exercise the rights of Donor Advisor.

I/We hereby elect not to grant each person then serving as Donor Advisor the individual authority to exercise the rights of Donor Advisor, and elect instead to require the consent of all Donor Advisors as then serving.

Section 3: Name of Your Charitable Account

Select a name for your Charitable Account, which may include your own name or that of your family (for example, "Smith Family Charitable Fund" or "John Q. Smith Family Foundation"). If you do not provide a name, the Charitable Account name will default to "(Donor Name) Charitable Fund" (or similar). The Gift Trust's Board of Directors (Board of Directors) reserves the right in its sole discretion to not approve or change a proposed Charitable Account name.

Proposed name of your Charitable Account: _____

Section 4: Contribution Information

The minimum initial contribution per Charitable Account is \$10,000.

Approximate Value: \$ _____

Form of Contribution: Check Wire Securities

1. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)
2. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)
3. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

If you are contributing shares of more than three different securities, attach a separate sheet listing the additional securities.

Note: *Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Gifting Booklet.*

Are you currently an officer, director, 10% shareholder or Affiliate (as defined in Rule 144 under the Securities Act of 1933, as amended (Securities Act)) of any issuer of securities that you are contributing, or were you an Affiliate of any issuer of contributed securities within the past 90 days?

No Yes

If yes, please indicate your relationship to the issuer: (attach a separate sheet if necessary)

If yes, please state the date on which you acquired the securities

Is the transfer of any of the securities you are contributing subject to contractual restrictions (e.g., a lock-up agreement or right of first refusal) or restrictions under the Securities Act, or are any of the securities represented by a certificate bearing a legend restricting transferability?

No Yes

If yes, please describe the nature of the restriction: (attach a separate sheet if necessary)

Please refer to pages 14-15 of this Forms Booklet for additional forms and instructions on how to make contributions of securities.

Section 5: Designation of Charitable Account Financial Advisor

This section should be completed by the Donor's financial advisor.

Advisor's Firm

Advisor Name

Advisor Signature

Mailing Address

City

State

Zip Code

Telephone

Email Address

Fax Number (if available)

For Financial Advisors that are Broker-Dealers:

Broker Firm-Dealer Firm

Branch Number (required)

Representative Number (required)

Please check this box if you are a financial advisor and elect to waive your Fundraising and Servicing Fee and request the Institutional Fee Schedule apply to the Donor's contribution.

Section 6: Investment of Initial Contribution

I/We Donors request that my/our contribution be allocated among the Donor-Advised Funds as indicated below. Percentages do not have to be equal, but must total 100%. You may request exchanges among the Donor-Advised Funds up to two times per calendar year, subject to the Board of Directors' approval.

_____ % Growth Fund

_____ % Cash Management Fund

_____ % Growth & Income Fund

_____ % Calvert Responsible Investing Growth Fund

_____ % Income Fund

_____ % Calvert Responsible Investing Moderate Fund

_____ % Gift Preservation Fund

_____ % Calvert Responsible Investing Conservative Fund

Section 7: Charitable Account Designations

Upon the death(s) of the Donor(s) and Donor Advisor(s) listed in Sections 1 and 2, respectively, of this Donor Contribution Form, the value of your Charitable Account may be allocated using the options detailed below. Option A may be changed by you at any time by submitting a written request. Option B, C, or D may also be changed by submitting a written request unless you have chosen to make your election irrevocable. Please refer to the Gifting Booklet for details.

Option A _____ % Designating Successor Donor Advisor(s) to Grant Distributions

The Donor(s) may name Successor Donor Advisors to continue the grant selection process after the death, incapacity, other disqualification or earlier assignment by the Donor(s) and each Donor Advisor listed in Sections 1 and 2, respectively, of this Donor Contribution Form.

I/We designate the individual(s) listed below as Successor Donor Advisor(s) to my/our Charitable Account, with authority to grant distributions from the Charitable Account to qualified charitable organizations of his/her/their choosing on a timeframe of his/her/their choosing. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Please attach a separate page listing additional Successor Donor Advisors if necessary.*

Successor Donor Advisor 1

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone

Successor Donor Advisor 2 (if applicable)

Name	Date of Birth	Social Security Number
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Mailing Address

City	State	Zip Code
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Daytime Phone

If your Charitable Account has two or more Successor Donor Advisors at the same time, indicate below whether you elect to grant each Successor Donor Advisor individual authority to exercise the rights of the Successor Donor Advisor or elect to require the consent of all Successor Donor Advisors then serving.

I/We hereby elect to grant each person then serving as Successor Donor Advisor the individual authority to exercise the rights of Donor Advisor.

I/We hereby elect not to grant each person then serving as Successor Donor Advisor the individual authority to exercise the rights of Successor Donor Advisor, and elect instead to require the consent of all Successor Donor Advisors as then serving.

Option B _____ % Immediate Distribution of Charitable Account Assets

I/We direct the distribution of all of my/our Charitable Account assets to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option B indicated below must total 100%. (Donors may attach additional sheets and list up to a total of ten charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

1st Organization

Organization Name	Federal Tax ID Number (if known)	Phone
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Mailing Address

City	State	Zip Code
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Percentage (%) of Available Charitable Account Balance	Special Allocation or Purpose (if applicable)
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2nd Organization

Organization Name	Federal Tax ID Number (if known)	Phone
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Mailing Address

City	State	Zip Code
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Percentage (%) of Available Charitable Account Balance	Special Allocation or Purpose (if applicable)
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Option C _____ % Establishing a Charitable Endowment

I/We direct the establishment of an endowment to provide annual grants from my/our Charitable Account to the qualified charitable organizations listed below in the percentages specified. I/We understand that all grant distributions are subject to the Gift Trust's determination that the grant recipient is a qualified charitable organization and that the recommended grant otherwise meets all applicable legal requirements. *Percentages within Option C indicated below cannot exceed 100%. (Donors may attach additional sheets and list up to a total of ten charitable organizations.)*

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

1st Organization

Organization Name	Federal Tax ID Number (if known)	Phone
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Mailing Address

City	State	Zip Code
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Special Allocation or Purpose (if applicable)

Distribute Annually _____ % or \$ _____ of Available Account Balance

2nd Organization

Organization Name	Federal Tax ID Number (if known)	Phone
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Mailing Address

City	State	Zip Code
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Special Allocation or Purpose (if applicable)

Distribute Annually _____ % or \$ _____ of Available Account Balance

Option D _____ % Supporting the Gift Trust General Fund

I/We direct the immediate distribution of the Charitable Account's assets to the general fund maintained by the Gift Trust and request (*choose one of the below*):

Support of the below-listed permitted charitable purposes (e.g., medical research or education) from which the Board of Directors will choose specific qualified charitable organizations as grant recipients; or

That the Board of Directors choose the charitable purpose and specific qualified charitable organizations as grant recipients.

Please check this box if you choose to make selection of this Option and the designations below irrevocable.

Recommended charitable purposes (if applicable): _____

Section 8: Donor Signature(s)

1. I/We declare that the contribution described in this Donor Contribution Form is irrevocable and is not subject to amendment or modification other than as set forth in Section 7.
2. I/We represent that the information provided in this Donor Contribution Form is complete and accurate as of the date hereof, and will remain so at the time of any additional contributions that I/we may make to the Gift Trust unless I/we notify the Administrator otherwise in writing.
3. I/We represent and warrant that the information provided by me/us on this Donor Contribution Form is true and correct and I/we will indemnify the Gift Trust and the Trustee against any losses they may suffer due to any misrepresentations, breach or failure of such representations.
4. I/We acknowledge that, before making this contribution, I/we have read the Gifting Booklet and agree to its terms and conditions.
5. I/We acknowledge that before making this transfer, I/we have reviewed the Donor identification requirements set forth on page 1 of this Donor Contribution Form and agree to the terms and conditions of such requirements.
6. If I am/we are contributing securities to the Gift Trust, I/we represent and warrant that I/we have held such securities for more than one year and such securities meet all acceptance criteria set forth in the Gifting Booklet.
7. If I am/we are contributing securities to the Gift Trust, I/we represent and warrant that the securities are not restricted for public sale by the Gift Trust and not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted for public sale, Section 3 of this Donor Contribution Form includes a written description of my/our relationship to the issuer of the securities and the nature of the restriction or potential restriction.

Donor 1 Signature

Date

Donor 1 Name (Please print)

Donor 2 Signature

Date

Donor 2 Name (Please print)

Instructions for Contributing Securities

For contributions of publicly traded securities or mutual fund shares held in a brokerage account or directly with the fund, please complete the Letter of Authorization to Transfer Securities. Please contact the Administrator, Renaissance Philanthropic Solutions Group, at 1-800-664-6901 if you need assistance.

Address of Renaissance Philanthropic Solutions Group: 8910 Purdue Road, Suite 500, Indianapolis, IN 46268. Fax number: 1-877-227-3479.

Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Gifting Booklet.

Contributions of Tradable Securities (e.g., publicly traded stocks, ETF shares, closed-end fund shares) “Tradable securities” refers to the characteristic that the security may be transferred electronically to the Gift Trust. Mutual fund shares are not considered tradeable securities.

Steps to Contribute

1. Complete the Letter of Authorization to Transfer Securities. Please confirm with the firm holding the securities if a Medallion Signature Guarantee is needed.
2. Send the original Letter of Authorization to the broker-dealer or other firm holding your securities.
3. Mail or fax a copy of the Letter of Authorization to the Administrator to the address or fax number provided above. Because the securities will arrive in the general account of U.S. Charitable Gift Trust, providing a copy of the letter alerts the Administrator to watch for your contribution.
4. Upon your contribution's acceptance, the Administrator will provide you with a written acknowledgement of the contribution, including the date of contribution, the amount of any cash contributed and, in the case of contributed securities, a description of the securities contributed. The acknowledgement will include a provisional calculation, prepared by the Administrator, of the contribution value for purposes of determining your allowable itemized federal income tax deduction. Each Donor is responsible for reviewing and confirming the calculation with his or her own tax advisors.

Contributions of Mutual Fund Shares

Mutual fund shares must be transferred from your account, held at either the broker-dealer or fund family, to an account registered to the Gift Trust.

Steps to Contribute

1. Complete the Letter of Authorization to Transfer Securities. Please confirm with the firm holding the mutual fund shares if a Medallion Signature Guarantee is needed.
2. Send the original Letter of Authorization to the firm holding your mutual fund shares.
3. Mail or fax a copy of the Letter of Authorization to the Administrator to the address or fax number provided above. Because the securities will arrive in a general account of U.S. Charitable Gift Trust, providing a copy of the letter alerts the Administrator to watch for your contribution.
4. Upon your contribution's acceptance, the Administrator will provide you with a written acknowledgement of the contribution, including the date of contribution, the amount of any cash contributed and, in the case of contributed securities, a description of the securities contributed. The acknowledgement will include a provisional calculation, prepared by the Administrator, of the contribution value for purposes of determining your allowable itemized federal income tax deduction. Each Donor is responsible for reviewing and confirming the calculation with his or her own tax advisors.

Additional Information

- The Letter of Authorization to Transfer Securities should be used for either tradable securities or mutual funds. If you are contributing both types of securities, please complete one form for each type of contribution.
- Please confirm with the firm holding your tradeable securities or mutual fund shares if a Medallion Signature Guarantee is needed for the transfer.
- If you have any questions, please contact the Administrator, Renaissance Philanthropic Solutions Group, at 1-800-664-6901.

Letter of Authorization to Transfer Securities

Donor Instructions: Please complete the information below to contribute publicly traded securities or mutual fund shares to the Gift Trust. You may refer to the Instructions for Contributing Securities for detailed instructions to complete the information below. The original completed Letter of Authorization to Transfer Securities should be sent to the broker-dealer (or other custodian) that holds the securities; please also fax a copy of the letter to the Administrator, Renaissance Philanthropic Solutions Group, at 1-877-227-3479.

Instructions to the Broker-Dealer (or Other Custodian) Holding Assets: As instructed by the client, please deliver the indicated securities to U.S. Charitable Gift Trust. All transfers are to be made in kind. For transfers of publicly traded securities or mutual fund shares, please deliver to:

U.S. Charitable Gift Trust
Eaton Vance Trust Company, Trustee c/o First Clearing LLC
DTC Number 0141
Account Number 1614-4242
FBO: _____ (indicate the name(s) of the Donor(s))

If you have any questions, please contact the Administrator, Renaissance Philanthropic Solutions Group, at 1-800-664-6901.

Name of Broker-Dealer (or Other Custodian) Holding Assets	Date	Daytime Phone
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Mailing Address

City	State	Zip Code
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Dear: _____ (Name of Broker-Dealer (or Other Custodian) Holding Assets)

Please accept this letter as my/our authorization to irrevocably transfer the following position(s) from my/our account, provided below, to the U.S. Charitable Gift Trust.

From: _____ (My/Our Account Number)

1. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

2. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

3. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

If you are contributing shares of more than three different securities, attach a separate sheet listing the additional securities.

Note: Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Gifting Booklet.

I/we represent and warrant that the securities are not restricted for public sale by the Gift Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended, or, if they are restricted or are potentially restricted for public sale, I/we have provided information regarding such restrictions or potential restrictions in my/our completed Donor Contribution Form or Additional Contribution Form (as applicable) submitted to the Administrator.

Sincerely,

Donor 1 Signature

Donor 1 Name (Please Print)

Donor 2 Signature (If Applicable)

Donor 2 Name (Please Print)

U.S. Charitable Gift Trust Account Number (If Known)

If the securities being transferred are held at your firm, a Medallion Signature Guarantee may not be required. Please confirm with firm holding the securities if Medallion Signature Guarantee is needed.

Donor-Advised Fund Grant Form

Section 1: Account Information

Account Name

Account Number

Section 2: Acknowledgement Information

Grant checks are accompanied by a letter from the Gift Trust that will include the Charitable Account's name and the Donor's name and address, unless the Donor requests anonymity. Donors may also request that the grant be made in name of a third-party.

Please check one box to indicate whether an individual should be named for the grant. If the individual(s) named is not a Donor or Donor Advisor, please provide a mailing address:

Please select one of the following:

Full Anonymity

Partial Anonymity - Account Name Only

Full Disclosure - Donor Name

Full Disclosure* - Third Party Individual

***If you selected "Full Disclosure - Third Party Individual," please provide the name of the individual(s) you would like to be acknowledged in the grant letter along with their mailing address.**

Name

Mailing Address

City

State

Zip Code

Section 3: Grant Amount and Frequency

Amount of Grant (Minimum amount: \$100)

Please issue this grant: As soon as possible On this future date: _____

Recurring Grant. Please select the frequency: Monthly Quarterly Semiannually

Annually Start Date _____ End Date (If applicable) _____

Section 4: Charitable Organization Grantee

Name of Charitable Organization

Mailing Address

City

State

Zip Code

Attention Party (If Applicable)

Website (if known)

Phone (If Known)

Federal Tax ID Number (if known)

Section 5: Special Purpose (if applicable)

In honor of: _____ In memory of: _____

Other: _____

Section 6: Signature(s)

I acknowledge that I have reviewed the current Donor-Advised Funds' Gifting Booklet of U.S. Charitable Gift Trust. I hereby certify that neither I nor anyone related to me or any entity controlled by me or any entity controlled by me: (i) will receive any benefit from the recommended charitable organization (for example, I am not using this to pay for tuition, membership fees, dues, benefit tickets, goods bought at auction, etc.) by way of this grant if distributed or, (ii) will control the grantee, or, in the case of a supporting organization, the supported charity. I understand that I will not be entitled to a tax deduction when the grant is made and if the grant is used to satisfy in whole or in part a pre-existing pledge, I will not receive any additional benefits as a result of this payment.

Donor 1 Signature

Date

Donor 1 Name (Please print)

Donor 2 Signature

Date

Donor 2 Name (Please print)

Additional Contribution Form

Send this completed form to the Administrator, Renaissance Philanthropic Solutions Group.

Email: uscgt@reninc.com, Fax: 1-877-227-3479, or Mail to: 8910 Purdue Rd., Suite 500, Indianapolis, IN 46268. If you are contributing securities, also send a completed Letter of Authorization to Transfer Securities.

Section 1: Charitable Account Information

Donor Name(s)

Daytime Phone

Account Name

Account Number(s)

Section 2: Additional Contribution Information

Please ensure that your additional contribution amount meets the \$1,000 minimum.

Approximate Value: \$ _____

Form of Contribution: Check Wire Security

1. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)
2. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)
3. _____ shares of _____
Name of Security (and symbol, and/or cusip if known)

If you are contributing shares of more than three different securities, attach a separate sheet listing the additional securities.

Note: *Contributing federally tax-exempt securities or shares of funds holding federally tax-exempt securities is not permitted. All contributed property must be free and clear of any liens, encumbrances or other adverse claims, and must have been held by the Donor for more than one year at time of contribution. For additional information on acceptable contributions of securities, please see the Donor-Advised Funds' Gifting Booklet.*

Unless indicated below, I/we represent and warrant that the securities are not restricted for public sale by the Gift Trust and are not otherwise subject to restrictions pursuant to Rule 144 under the Securities Act of 1933, as amended (Securities Act), or, if they are restricted or are potentially restricted for public sale, the following information is complete and accurate:

Are you currently an officer, director, 10% shareholder or Affiliate (as defined in Rule 144 under the Securities Act) of any issuer of securities that you are contributing, or were you an Affiliate of any issuer of contributed securities within the past 90 days?

No Yes

If yes, please indicate your relationship to the issuer: (attach a separate sheet if necessary)

If yes, please state the date on which you acquired the securities

Is the transfer of any of the securities you are contributing subject to contractual restrictions (e.g., a lock-up agreement or right of first refusal) or restrictions under the Securities Act, or are any of the securities represented by a certificate bearing a legend restricting transferability?

No Yes

If yes, please describe the nature of the restriction: (attach a separate sheet if necessary)

Please refer to pages 14-15 of this Forms Booklet for additional forms and instructions on how to make contributions of securities.

Section 3: Signature(s)

I/We acknowledge that I/we have read the current Donor-Advised Funds' Gifting Booklet and agree to the terms and conditions described therein. I/we certify that all information provided by me/us in my/our original Donor Contribution Form is still complete and accurate. I/we understand that any contribution, once accepted, represents an irrevocable contribution to the Gift Trust and is not refundable.

Donor 1 Signature

Date

Donor 1 Name (Please print)

Donor 2 Signature (if applicable)

Date

Donor 2 Name (Please print)

Contact Information

Administrator

U.S. Charitable Gift Trust®
c/o Renaissance Philanthropic Solutions Group
8910 Purdue Road, Suite 500
Indianapolis, IN 46268
Tel: 1-800-664-6901
Fax: 1-877-227-3479
www.uscharitablegifttrust.org
uscgt@reninc.com

Sponsor and Investment Adviser

Eaton Vance Management
Two International Place
Boston, MA 02110
Tel: 1-800-225-6265
eatonvance.com

Trustee

Eaton Vance Trust Company
Two International Place
Boston, MA 02110

Investment Adviser

Calvert Research and Management
1825 Connecticut Avenue N.W. Suite 400
Washington, D.C. 20009
calvert.com

Placement Agent

Eaton Vance Distributors, Inc.
Two International Place
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