

The Orthotic and Prosthetic Assistance Fund (OPAF) Legacy Program

at

DONATION OF ASSETS FORM

THE T. ROWE PRICE PROGRAM FOR *Charitable Giving*SM

For donations by
check or wire transfer

To the Donor: The purpose of The OPAF Legacy Program is to sustain and grow OPAF's primary mission: enable individuals with physical disabilities – especially those served by members of the orthotics and prosthetics community – to enjoy the rewards of personal achievement, physical fitness, and social interaction. Donations to OPAF's Legacy Program at *The T. Rowe Price Program for Charitable Giving* can be as little as \$500 or as generous as you wish. All donations to The OPAF Legacy Program are irrevocable. Your donation is fully tax-deductible, up to allowable Internal Revenue Service limits, and can be included on your federal income tax return. Your donation will be combined with other contributions to The OPAF Legacy Program. Recommendations for grants from The OPAF Legacy Program will be made jointly by the President of the Board and Executive Director of OPAF. If you would like more information about the purpose of The OPAF Legacy Program, please contact OPAF at 1-202-223-8878. If you have questions regarding your gift, please contact *The T. Rowe Price Program for Charitable Giving* at 1-888-462-4826.

SECTION I *Account Information*

To contribute to The OPAF Legacy Program at *The T. Rowe Price Program for Charitable Giving*, please complete this form.

- Mail your completed form and your donation (if applicable) to:

The T. Rowe Price Program for Charitable Giving
P.O. Box 17115
Baltimore, MD 21297-1115

If sending via overnight delivery, please call 1-888-462-4826 to get the street address. You may fax this form to: 1-800-531-0347. If your donation is time sensitive, please call the Program to confirm receipt at 1-888-462-4826.

THE ORTHOTIC AND PROSTHETIC ASSISTANCE FUND (OPAF) LEGACY PROGRAM

ACCOUNT NUMBER: **1234**

ASSETS DONATED BY:

MR. MRS. MS. DR. OTHER: _____ CREDENTIALS (CP, CO, CPO, Ph.D., MD, etc.) _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

CITY/STATE/ZIP: _____

EVENING PHONE: _____

SOCIAL SECURITY NUMBER/TAX ID NUMBER: _____

SECTION II *Donation by Check or Wire Transfer*

I would like to donate \$ _____ to The OPAF Legacy Program at *The T. Rowe Price Program for Charitable Giving, Inc.* and have enclosed my check or contacted *The T. Rowe Price Program for Charitable Giving* to initiate a wire transfer. If donating by check, please make check payable to The OPAF Legacy Program at *The T. Rowe Price Program for Charitable Giving, Inc.* (Please do not send cash.)

SECTION III *Signature*

If you have questions or need additional forms, please contact a Program associate at 1-888-462-4826.

Signatures required to complete transfer of assets:

All registered owners of the donated assets must sign below.

I (We) hereby make the following donation with the full understanding that it represents an irrevocable donation to The OPAF Legacy Program at *The T. Rowe Price Program for Charitable Giving, Inc.* It will not be refunded to me in any manner. I understand and acknowledge that the Program has complete control over the investment of my donation and its uses for charitable purposes. Unless you wish to remain anonymous, the Program will inform OPAF of your contribution.

DONOR SIGNATURE _____

DATE _____

JOINT DONOR SIGNATURE _____

DATE _____