



To carry on the work of Christ by fostering philanthropy

DONOR ADVISED FUND AGREEMENT FORM

**You have the privilege of naming your donor advised fund.
You may name your fund for yourself, family, children or perhaps a broader
charitable purpose.
(e.g. Smith Family Fund; Jack & Jane Smith Fund; Seminarian Fund, etc.)**

Please name your fund

As a donor you have full and equal rights to recommend grant distributions, recommend investment alternatives and to designate the successor advisors of your fund.

Donor 1 Information

Mr. Mrs. Ms. Dr. Reverend Sister Other _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

Fax: _____ E-mail: _____

Donor 2 Information

Mr. Mrs. Ms. Dr. Other _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

Fax: _____ E-mail: _____

NOTE: If there are more than 2 initial donors, please attach a separate sheet with the same information for each donor.

May we share your story so that others may know the benefits of leaving a legacy? Yes No

Your Initial Contribution

IMPORTANT: Please contact our office prior to sending and money or transferring securities.

Check Amount \$: _____

Securities # of Shares: _____ Company Name: _____ Approx. Value \$ _____

Mutual Funds # of Shares: _____ Company Name: _____ Approx. Value \$ _____

Other Description: _____

Instructions for Stock Transfer

If transferring securities or mutual funds through a broker, please give the following account information to your broker. Funds or securities should be transferred to:

Wedbush Morgan, Inc.

Broker: Mike Sherman 480.778.8540

Account: 8945-9347 DTC #0103

Advisor Information

The Advisor is generally the person who will advise the Catholic Community Foundation concerning, grants, investment approach and advisor succession. If instead of a single advisor or joint advisors, you would prefer to establish an advisory committee of the fund, please attach a separate list of their names and addresses. Be sure to identify the spokesperson for the advisory committee.

Advisor **Spokesperson**

If the advisor is one of the donors, please check here and provide just the name below.

Mr. Mrs. Ms. Dr. Other _____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

Fax: _____ E-mail: _____

Joint Advisor

If the joint advisor is one of the donors, please check here and provide just the name below.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

Fax: _____ E-mail: _____

Successor Information

Donors may elect family or non-family persons to be the successor advisors of their fund. Successor advisors take over upon the death or incapacity of the last advisor or joint advisor.

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus Phone: _____

Fax: _____ E-mail: _____

Continuation of the Fund

The following 3 options are available at the death or resignation of the last advisor to your donor advised fund. Please select one:

Continuation of the fund with the recommendation that each year, grants be made from the fund to the following organization(s):

Continuation of the fund with the recommendation that each year, grants be made from the Fund to charitable organizations serving the following fields of interest: (e.g. Catholic school tuition, ministry to the poor, seminarian education, etc.)

Continuation of the fund as an unrestricted fund

If this option is selected, the Catholic Community Foundation's Board of Directors, using its discretion, will award periodic grants from the fund to deserving ministries and/or organizations.

Please provide any other guidance that you may deem helpful in our compliance with your charitable intentions.

Signature

I hereby irrevocably give the property described in this application and its attachments to the Catholic Community Foundation to establish a donor advised fund.

I intend that this fund be operated exclusively for charitable purposes, and that it be treated as a component fund of the Foundation.

I intend that the person identified above as the 'advisor' will periodically recommend grants from this fund for charitable purposes. I understand that the Foundation's Board of Directors is empowered to modify any restriction related to the fund if in its judgment such a restriction becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with charitable needs. I acknowledge that I have read and agree to the Donor Advised Fund Terms and Conditions. I understand that the Foundation's Board of Directors reserves the right to modify the Donor Advised Fund program and the Terms and Conditions as it deems necessary.

I hereby certify that to the best of my knowledge all of the information presented in connection with this application is accurate and I will notify the Foundation promptly of any changes.

Donor's Signature

Date

Donor's Signature

Date