

Donor-Advised Fund Program

Donor Contribution Agreement

Instructions

Information in **bold** indicates a required field. Please complete this form and return it by fax to 415.398.4733, email to dstallings@horizonsfoundation.org or mail to: Horizons Foundation 550 Montgomery Street, Suite 700, San Francisco, CA 94111.

Before you complete this agreement, please:

1. Read the Horizons Foundation Donor-Advised Fund Program Guide.
2. Evaluate your philanthropic goals. You may wish to discuss with Horizons Foundation staff how the Horizons Donor-Advised Fund Program can meet your charitable giving needs.
3. Select a name for your fund.
4. Contribute to your fund. You may wish to discuss with your financial advisor the best way for you to do this.

Fund Information

DONOR INFORMATION

PRIMARY DONOR _____
MR./ MS. FIRST INITIAL LAST

ADDRESS _____
STREET _____
CITY STATE ZIP

TELEPHONE _____ **EMAIL** _____
(REQUIRED FOR ONLINE FUND ACCESS)

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____
(SSNs are necessary to ensure only you can access your account) MONTH DAY YEAR

.....

DONOR 2 _____
MR./ MS. FIRST INITIAL LAST

ADDRESS _____
STREET _____
CITY STATE ZIP

TELEPHONE _____ **EMAIL** _____
(REQUIRED FOR ONLINE FUND ACCESS)

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____
(SSNs are necessary to ensure only you can access your account) MONTH DAY YEAR

If you are interested in having additional individuals function as advisors on the fund with full authority to make grant recommendations, please attach their names and full contact information.

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NAME YOUR FUND

Please create a name for your donor-advised fund. You can name the fund after yourself (e.g., The Jane Smith Philanthropic Fund) or any other name that you choose. Some donors create names that are meaningful to them, and some donors in our program use the fund to ensure their contributions have an LGBT “stamp” on them (e.g., The Gay Values Fund). We are happy to have a strategic naming discussion with you if you are interested in thinking this decision through together. With each grant recommendation, you may elect to have the accompanying letter acknowledge a donor’s name, your personalized fund name (e.g., The Jones Family Fund), or indicate an anonymous donor.

FUND NAME _____

FUND BENEFICIARIES AND SUCCESSORS

You may wish to recommend what Horizons Foundation will do with any balance in your fund in the event of your death(s). You may name up to two fund successors to succeed you in advising the fund after your death OR you may elect to have specific charities or the Horizons Foundation LGBT Community Endowment Fund receive all or a percentage of the fund.

I HAVE FILLED OUT THE ADVANCE ADVISOR RECOMMENDATION FORM

Donor Contribution Agreement

Gift Information

The minimum initial contribution is \$5,000. Each individual asset must have an estimated fair market value of at least \$500. Please review the Program Guide for information on asset types that can be contributed.

CASH

DOLLAR AMOUNT \$ _____

- CHECK: Make payable to Horizons Foundation and return with this application to
550 Montgomery Street, Suite 700, San Francisco, CA 94111

SECURITIES

- ELECTRONIC STOCK TRANSFERS: DTC #0062
Vanguard Brokerage Services
Horizons Foundation
Account # 66069411

- PAPER STOCK TRANSFERS: Vanguard Brokerage Services
100 Vanguard Boulevard
Malvern, PA 19355-0741
Horizons Foundation
Account # 66069411

NAME OF SECURITY 1 _____

NUMBER OF SHARES _____ ESTIMATED DOLLAR VALUE \$ _____

TYPE OF SECURITY (COMMON STOCK, BOND, ETC.) _____ CUSIP OR SYMBOL _____

PHYSICAL CERTIFICATE (Y OR N) _____ FIRM _____

FUND NUMBER _____

NAME OF SECURITY 2 _____

NUMBER OF SHARES _____ ESTIMATED DOLLAR VALUE \$ _____

TYPE OF SECURITY (COMMON STOCK, BOND, ETC.) _____ CUSIP OR SYMBOL _____

PHYSICAL CERTIFICATE (Y OR N) _____ FIRM _____

FUND NUMBER _____

Attach additional sheets if needed for additional securities.

Donor Contribution Agreement

DONATION FROM OTHER CHARITABLE ORGANIZATION

NAME OF CHARITABLE ORGANIZATION _____

ESTIMATED DOLLAR AMOUNT \$ _____ TYPE OF GIFT _____

SPECIAL INSTRUCTIONS _____ DONATION OF OTHER TYPE OF ASSET

TYPE OF GIFT _____

ESTIMATED DOLLAR AMOUNT \$ _____

SPECIAL INSTRUCTIONS _____

I WOULD LIKE THE TAX DEDUCTION LETTER FOR THIS GIFT TO BE ADDRESSED TO:

- Primary donor
- Donor 2 [see p. 1]
- Both donors

Recommended Asset Allocation

Please recommend an initial asset allocation for your Horizons Foundation Donor-Advised Fund. The investment options are explained in detail in your Donor-Advised Fund Program guide and Horizons staff or a member of Horizons' Investment Committee is available to discuss them if you wish. You may choose one investment portfolio or a custom allocation among the individual investment options. Your total must equal 100%.

- Portfolio 1
- Portfolio 2 (A or B version; See page 5)
- Portfolio 3 (A or B version; See page 5)
- Custom Plan (Total must equal 100%):
 - ____% Vanguard Prime Money Market Fund
 - ____% PIMCO Total Return Fund
 - ____% Horizons Foundation Community Investment Fund
 - ____% Neuberger Berman Socially Responsive Fund
 - ____% Dodge & Cox International Fund
 - ____% Vanguard Total Market Index Fund
 - ____% Vanguard Calvert Social Index Fund

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Horizons Foundation <i>Donor-Advised Funds Investment Options</i>			
Recommended asset allocation	Portfolio 1	Portfolio 2	Portfolio 3
Vanguard Prime Money Market Fund	100%	40%	15%
Fixed Income/Bonds:			
PIMCO Total Return Fund	0%	20%	15%
Horizons Foundation Community Investment Fund	0%	20%	20%
Equity:			
Neuberger Berman Socially Responsive Fund	0%	0%	20%
Vanguard Total Market Index (A) or Vanguard Calvert Social Index Fund (B)*	0%	15%	20%
Dodge & Cox International Stock Fund	0%	5%	10%
Total	100%	100%	100%
Current expense ratio**	30 basis points	A: 32 or B: 35 basis points	A: 47 or B: 50 basis points

* Donors may choose either the A or B version of these portfolios. Both versions are market index funds, but the B version is a socially-responsive screened fund.

** Expense ratios may change from time to time.

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- I will make a leadership circle gift to Horizons Foundation this year and therefore no annual charitable administration fee will be charged to my fund.

Acknowledgement of Terms

The Horizons Donor-Advised Fund Program is a program operated by Horizons Foundation, a 501(c)(3) public charity. I/We acknowledge that I/we have read the Program Guide and agree to the terms and/or conditions contained therein. I/We understand that any contributions to Horizons Foundation through the Horizons Donor-Advised Fund Program Fund are irrevocable. I/We certify that, to the best of my/our knowledge, all information enclosed is accurate and I/we will notify the Horizons Donor-Advised Fund Program in writing of any changes.

SIGNATURES REQUIRED FROM ALL DONORS LISTED ON THE FUND

PRIMARY DONOR SIGNATURE _____ DATE _____

DONOR 2 SIGNATURE _____ DATE _____