

**DESIGNATED FUND AGREEMENT**

Thank you for choosing Rose Community Foundation as your partner in philanthropy. We look forward to helping you with your charitable giving.

**Name of Fund:** \_\_\_\_\_ (the “Fund”)

Please note that every grant made from the Fund will be accompanied by a letter that includes the Fund name. In addition, the Fund name will often be listed in Rose Community Foundation publications unless you request anonymity for the Fund.

**Amount of Contribution (for new funds only):** Please indicate the amount of your initial contribution and how it will be paid. Additional contributions to the Fund may be made at any time.

\_\_\_\_\_  
Amount (or estimate)

- Check or cash
- Marketable securities
- Other \_\_\_\_\_
- Bequest or deferred gift – please provide name of instrument below:

\_\_\_\_\_  
\_\_\_\_\_

and send us a copy of the relevant provision.

**Donor Information:**

**Donor 1 (Primary Contact)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City Denver State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

*I would prefer being contacted via:*

- Email  Home Phone  Cell/Work Phone  Mail

**Donor 2**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

*I would prefer being contacted via:*

Email  Home Phone  Cell/Work Phone  Mail

**Designation:** Donors establishing a designated fund may specify, at the time the Fund is established, that distributions from the Fund be made to one or more section 501(c)(3) public charities or for one or more charitable purposes that are consistent with the Foundation’s charitable purposes and satisfy community needs identified by the Foundation as benefitting the public good. Please indicate the qualifying charitable organization(s) to which or the qualifying charitable purpose(s) for which distributions from the Fund should be made:

<i>Name and Address of Qualifying Charitable Organization(s)</i> <i>(\$10,000 minimum contribution required)</i>	<i>Percentage Payable</i>
_____	_____ %
_____	_____ %
_____	_____ %
	100 %

**OR**

<i>Charitable Purpose(s)</i> <i>(\$50,000 minimum contribution required)</i>	<i>Percentage Payable</i>
_____	_____ %
_____	_____ %
_____	_____ %
	100 %

**Distributions - Amount:** Please indicate the total amount of distributions that should be made each year from the Fund:

- Distribute a specific amount: \$ \_\_\_\_\_
- Distribute \_\_\_\_\_ % of the value of the assets of the Fund
- Other \_\_\_\_\_

**Distributions - Timing:** Please indicate how often distributions should be made from the Fund:

- Quarterly
- Annually

**Investment Options (for new funds only):** Donors have the option to choose how the Fund will be invested and may change the fund allocation on an annual basis. Please select an option below.

Use Rose Community Foundation's Asset Allocation (Excludes Private Capital)

Allocate funds to pools as follows:

<i>Equity Pool</i>	_____	%
<i>Fixed Income Pool</i>	_____	%
<i>Money Market Pool</i>	_____	%

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*Total* *100%*

**Acknowledgement and Signatures:** I acknowledge that I have read the Rose Community Foundation Designated Fund Guidelines (attached hereto and incorporated herein by this reference) and agree to the terms and conditions set forth therein. I understand that any contribution to the Fund, once accepted by the Board of Trustees of Rose Community Foundation, is an irrevocable contribution to Rose Community Foundation and will not be returned to me.

*Donor 1 Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Donor 2 Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Acceptance:** Thank you for your contribution to Rose Community Foundation. We look forward to being your partner in philanthropy.

Rose Community Foundation

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By: Anne Garcia, Interim President and CEO

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Date