

### Donor-Advised Fund Agreement

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

This fund is a  new fund or  restatement of an original Fund Agreement dated \_\_\_\_\_ (the "Fund")

**Name of 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.

\_\_\_\_\_ (\$25,000 minimum)  
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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home 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

**Advisor Information:** Donors may designate themselves as Advisors or may designate others in addition to or instead of themselves as Advisors. Donors may also designate one or more successor Advisors. See below under Successor Advisor Information. No more than two generations of Successor Advisors may be designated for the Fund. Each Advisor may recommend grants from the Fund in accordance with the attached Donor-Advised Fund Guidelines. Upon the death of the last remaining Advisor (including any successor or second successor Advisor), any assets remaining in the fund will become unrestricted funds of Rose Community Foundation.

- The Donor(s) will serve as the only Advisor(s)
- The Donor(s) **and** the additional persons(s) named below will serve as Advisor(s)
- Only the person(s) named below will serve as Advisor(s)

**Advisor 1**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Donor(s) \_\_\_\_\_

**Advisor 2**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Donor(s) \_\_\_\_\_

**Successor Advisor Information:** Donors may designate one or more individuals to serve as successor Advisor(s) of the Fund after the resignation, death or incapacity of the last remaining Advisor listed above. Donors may also authorize the successor Advisor(s) to designate second successor Advisors, by initialing here: \_\_\_\_ \_\_\_\_.

**Successor Advisor 1**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Donor(s) \_\_\_\_\_

**Successor Advisor 2**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Donor(s) \_\_\_\_\_

**Investment Options (for new funds only):** Donors to a donor-advised fund have the option to choose how the Fund will be invested. 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>	_____ %

\_\_\_\_\_  
*Total* *100%*

**Acknowledgement and Signatures:** I acknowledge that I have read the Rose Community Foundation Donor-Advised 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

\_\_\_\_\_  
By: Lindy Eichenbaum Lent, President and CEO \_\_\_\_\_ Date