

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: ____ ____.

