

**Fund Information**

DONOR NAME \_\_\_\_\_  
MR./ MS. FIRST INITIAL LAST

FUND NAME \_\_\_\_\_

Please fill in either the Charitable Beneficiaries or Fund Successor section below:

**Charitable Beneficiaries**

Charitable Beneficiaries must equal 100% of your fund. Please allocate among the three options below:

- a. \_\_\_\_\_% Horizons Foundation LGBT Community Endowment Fund
- b. \_\_\_\_\_% Issue areas (identified below)
- c. \_\_\_\_\_% Specific organizations (listed below)

In the event of my/our death, I/we recommend to Horizons Foundation that grants be made from the above-named Fund, if already in existence, or from funds that become payable to Horizons Foundation as a result of my/our death, as follows:

**I. HORIZONS FOUNDATION'S LGBT COMMUNITY ENDOWMENT FUND**

Because I/we recognize the importance of ensuring that the LGBT community has the capacity to meet future needs, including those which we cannot predict today, I/we recommend that \_\_\_\_\_% of the available funds go to the LGBT Community Endowment Fund of Horizons Foundation.

**II. AREAS AND ISSUES OF SPECIAL INTEREST**

I/we recommend that Horizons Foundation award grants to qualifying organization(s) working in the following area(s) and/or addressing the following issue(s):

|          | <b>Area or Issue</b><br><i>(e.g., LGBT youth; women's health; arts and culture; etc.)</i> | <b>Percentage of amount</b><br><b>you allocated above</b> | <b>Restrictions or other</b><br><b>designation (if any)</b> |
|----------|---|---|---|
| <b>1</b> |   |   |   |
| <b>2</b> |   |   |   |
| <b>3</b> |   |   |   |
| <b>4</b> |   |   |   |

I/we request that \_\_\_\_\_ be consulted about any grant decisions.

CONTACT INFORMATION \_\_\_\_\_

I have attached \_\_\_ page(s) of donor recommendations to this Advance Advisor Recommendation Form.

# ADVANCE ADVISOR RECOMMENDATION FORM

## C. ORGANIZATIONS

I/we recommend that Horizons Foundation award grants to the following organization(s):

|   | Organization | Address | Percentage of amount you allocated above | Restrictions or other designation (if any) |
|---|--------------|---------|--|--|
| 1 |              |         |  |  |
| 2 |              |         |  |  |
| 3 |              |         |  |  |
| 4 |              |         |  |  |

I/we request that these grants be:  Anonymous  Named by fund

I have attached \_\_\_ page(s) of donor recommendations to this Advance Advisor Recommendation Form.

## Successor Advisors

Upon the death or incapacity of all the original donor(s) of the fund, you may select one of the following options:

- Successor advisor(s) will succeed the fund and make recommendations jointly.
- Successors will split the fund evenly between them for recommendations.

SUCCESSOR 1 \_\_\_\_\_  
MR./ MS. FIRST INITIAL LAST

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

SUCCESSOR 2 \_\_\_\_\_  
MR./ MS. FIRST INITIAL LAST

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

I/we, the undersigned, state that any above recommendation(s) do not represent payment of any binding pledge or other financial obligation and will result in no benefit or privilege to me/us and/or heirs.

NAME(S) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_