

## Donor-Advised Fund Program

### Instructions

Information in **bold** indicates a required field. Return this completed, signed agreement to the Horizons Donor-Advised Fund Program by fax at 415.449.6322, or by mail to 870 Market Street, Suite 728, San Francisco, CA 94102.

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

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**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.

## 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. By organizational policy, if there is no instruction from the donor and no successor advisor, the remaining balance will automatically transfer to the LGBT Community Endowment Fund.

In the event that no grant recommendation is made for three consecutive years, Horizons Foundation will make reasonable attempts to contact the donor or fund successors. If Horizons Foundation cannot contact those parties, then the amount in the fund will transfer to the LGBT Community Endowment Fund for ongoing grantmaking to the LGBT community.

I HAVE FILLED OUT THE ADVANCE ADVISOR RECOMMENDATION FORM

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 870 Market Street, Suite 728, San Francisco, CA 94102

WIRE TRANSFERS: HSBC Bank USA, 140 Broadway, New York, NY 10005, FRB ABA 021001088, Account No: 000112046, Fund No. 0030 / Prime Money Market Fund, Account No: 88010250558, Horizons Foundation, 870 Market Street, Suite 728, San Francisco, CA 94102

SECURITIES

ELECTRONIC STOCK TRANSFERS: DTC #0443, Vanguard Brokerage Services, Horizons Foundation, Account # A4V806700

PAPER STOCK TRANSFERS: Vanguard Brokerage Services, 100 Vanguard Boulevard, Malvern, PA 19355-0741, Horizons Foundation, Account # A4V806700

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

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### 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

Horizons Foundation			
<b>Donor-Advised Funds Investment Options</b>			
Recommended asset allocation	Portfolio 1	Portfolio 2	Portfolio 3
<b>Vanguard Prime Money Market Fund</b>	100%	40%	15%
<b>Fixed Income/Bonds:</b>			
PIMCO Total Return Fund	0%	20%	15%
Horizons Foundation Community Investment Fund	0%	20%	20%
<b>Equity:</b>			
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%
<b>Total</b>	100%	100%	100%
<b>Current expense ratio**</b>	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.

# DONOR CONTRIBUTION AGREEMENT

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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 \_\_\_\_\_