

Instructions

Please enter the information you would like added, updated, or deleted. Please sign and fax this form to Horizons at 415.449.6322.

Existing Fund and Donor Information

Please complete this section to identify the fund

DONOR NAME MR./ MS. FIRST INITIAL LAST
FUND NAME
TELEPHONE EMAIL

Update Donor and/or Fund Name

FUND NAME
DONOR NAME MR./ MS. FIRST INITIAL LAST
ADDRESS STREET CITY STATE ZIP
TELEPHONE EMAIL (UPDATING THE PRIMARY DONOR'S EMAIL WILL UPDATE ONLINE ACCESS)

Update Fund Successor and/or Charitable Beneficiaries

Fund Successor

Choose to: Add Update Delete

Upon the death of all the original donors of the fund, please select one of the following options:

- Successors will succeed the fund and share equal responsibility.
Successors will split the fund.

SUCCESSOR MR./ MS. FIRST INITIAL LAST
ADDRESS STREET CITY STATE ZIP
TELEPHONE EMAIL
SOCIAL SECURITY NUMBER DATE OF BIRTH MONTH DAY YEAR

# FUND INFORMATION CHANGE REQUEST

OR

## 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)

### A. 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 understand that the LGBT Community Endowment Fund is dedicated in perpetuity to the support of the LGBT community and the organizations that serve the community.

### B. 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):

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

### C. ORGANIZATIONS

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

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

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

## Donor Signature

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