Donor-Advised Fund Program

Fund Information Change Request

FIRST

Instructions

DONOR NAME

Please enter the information you would like added, updated, or deleted. Please complete and sign this form and return it by fax to 415.398.4733, email to dstallings@horizonsfoundation.org or mail to:

Horizons Foundation 550 Montgomery Street, Suite 700, San Francisco, CA 94111.

INITIAL

LAST

Existing Fund and Donor Information

Please complete this section to identify the fund

MR./ MS.

FUND NAME			
TELEPHONE	EN	1AIL	
Update Donor and/or Fu	nd Name		
FUND NAME			
DONOR NAME			
MR./ MS.	FIRST	INITIAL	LAST
ADDRESS			
STR	EET		
CIT	Y	STATE	ZIP
	5.	4011	
ELEPHONE	EN	TAIL	
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Fund Information Change Request

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	OR							
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 (e.g., LGBT youth; women's health; arts and culture; etc.) Percentage of amount you allocated above designation (if any) 1 2 3	Charitable Beneficiaries							
Area or Issue (e.g., LGBT youth; women's health; arts and culture; etc.) Percentage of amount you allocated above Restrictions or other designation (if any) 2 3	a% Horizons Foundation LGBT Community Endowment Fund b% Issue areas (identified below)							
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	Beca inclu	ause I/we recognize the import ading those which we cannot p	cance of ensuring that the LGBT predict today, I/we understand the	community has the capac at the LGBT Community	Endowment Fund is			
(e.g., LGBT youth; women's health; arts and culture; etc.) you allocated above designation (if any) 1 2 3	I/we recommend that Horizons Foundation award grants to qualifying organization(s) working in the following area(s)							
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	2							
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	4							
C. ORGANIZATIONS I/we recommend that Horizons Foundation award grants to the following organization(s): Organization Address Percentage of amount you allocated above designation (if any)								
1	1							
2	2							
3	3							
4	4							
I/we request that these grants be: ☐ Anonymous ☐ Named by fund								
Donor Signature								
DONOR SIGNATURE DATE	DONG							