

Donor-Advised Fund Program

Advance Advisor Recommendation Form

Please complete 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. For more information please contact Deb Stallings, Director of Development and Gift Planning at 415.398.2333 x103.

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):

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

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.

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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 _____