

Testamentary Gift Recommendation Form

I. Donor Information

DONOR NAME _____
MR./ MS. FIRST INITIAL LAST

SECOND DONOR NAME _____
(if applicable)

CURRENT ADDRESS _____
STREET

_____ CITY STATE ZIP

PHONE NUMBER(S) _____

EMAIL ADDRESS(ES) _____

II. Naming Your Fund

FUND NAME _____

III. LGBT Community Endowment Fund

I wish to give to the Horizons Foundation LGBT Community Endowment Unrestricted Fund to ensure that our movement and our community remain strong for generations to come. Since it is impossible today to predict accurately the community's most pressing needs in 20, 50, or 100 years, I make this gift as an investment in our future.

Amount of Specific Gift or Percentage of Total: _____

IV. Other Charitable Beneficiaries

GIFT 1

NAME OF ORGANIZATION OR DESCRIPTION OF ISSUE _____

CONTACT AND/OR ADDRESS (IF APPLICABLE) _____

Choose one: Outright gift Spend-down over period of ____ years Endowed gift (*minimum of \$100,000*)

Restrictions on gift, if any: _____

Other information about this gift: _____

Please make this grant (choose one): anonymously in the name of the fund

in one of our names only (if this is more than one person's fund): _____

GIFT 2

NAME OF ORGANIZATION OR DESCRIPTION OF ISSUE _____

CONTACT AND/OR ADDRESS (IF APPLICABLE) _____

Choose one: Outright gift Spend-down over period of ____ years Endowed gift (*minimum of \$100,000*)

Restrictions on gift, if any: _____

Other information about this gift: _____

Please make this grant (choose one): anonymously in the name of the fund

in one of our names only (if this is more than one person's fund): _____

GIFT 3

NAME OF ORGANIZATION OR DESCRIPTION OF ISSUE _____

CONTACT AND/OR ADDRESS (IF APPLICABLE) _____

Choose one: Outright gift Spend-down over period of ____ years Endowed gift (*minimum of \$100,000*)

Restrictions on gift, if any: _____

Other information about this gift: _____

Please make this grant (choose one): anonymously in the name of the fund

in one of our names only (if this is more than one person's fund): _____

GIFT 4

NAME OF ORGANIZATION OR DESCRIPTION OF ISSUE _____

CONTACT AND/OR ADDRESS (IF APPLICABLE) _____

Choose one: Outright gift Spend-down over period of ____ years Endowed gift (*minimum of \$100,000*)

Restrictions on gift, if any: _____

Other information about this gift: _____

Please make this grant (choose one): anonymously in the name of the fund

in one of our names only (if this is more than one person's fund): _____

GIFT 5

NAME OF ORGANIZATION OR DESCRIPTION OF ISSUE _____

CONTACT AND/OR ADDRESS (IF APPLICABLE) _____

Choose one: Outright gift Spend-down over period of ____ years Endowed gift (*minimum of \$100,000*)

Restrictions on gift, if any: _____

Other information about this gift: _____

Please make this grant (choose one): anonymously in the name of the fund

in one of our names only (if this is more than one person's fund): _____

V. Successor Advisor

I designate the following person(s) to make recommendations about the charitable gifting from my testamentary fund.

NAME _____

CONTACT INFO _____

VI. Allocation of Gifts by Percentage

Please allocate by percentage (please add more lines as needed for additional gifts):

_____ % LGBT Community Endowment Fund
_____ % Gift 1
_____ % Gift 2
_____ % Gift 3
_____ % Gift 4
_____ % Gift 5

100% TOTAL

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 my/our heirs.

NAME(S) _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____