

ADVANCE ADVISOR RECOMMENDATION

Instructions

You may use this form to leave instructions about the disposition of your donor-advised fund in the event of your death, or you may contact us to create a more customized plan or gift agreement. If you complete this form, return it by mail to Horizons Foundation 550 Montgomery Street, Suite 700, San Francisco, CA 94111 or via email to daf@horizonsfoundation.org. For more information, contact Deb Stallings, Vice President of Development at 415.398.2333 x103 or dstallings@horizonsfoundation.org.

Fund Information

DONOR NAME _____
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 LGBTQ 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 LGBTQ COMMUNITY ENDOWMENT FUND

Because I/we recognize the importance of ensuring that the LGBTQ 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 LGBTQ 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., LGBTQ 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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Charitable Beneficiaries, continued

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 _____
FIRST INITIAL LAST

ADDRESS _____
STREET

CITY STATE ZIP

TELEPHONE _____ EMAIL _____

DATE OF BIRTH _____
MONTH DAY YEAR

SUCCESSOR 2 _____
FIRST INITIAL LAST

ADDRESS _____
STREET

CITY STATE ZIP

TELEPHONE _____ EMAIL _____

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 _____