

FUND INFORMATION CHANGE REQUEST

Instructions

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 daf@horizonsfoundation.org or mail to:
Horizons Foundation 550 Montgomery Street, Suite 700, San Francisco, CA 94111.

Existing Fund and Donor Information

Please complete this section to identify the fund

DONOR NAME _____
FIRST INITIAL LAST

FUND NAME _____

TELEPHONE _____ EMAIL _____

Update Donor and/or Fund Name

FUND NAME _____

DONOR NAME _____
FIRST INITIAL LAST

ADDRESS _____
STREET

CITY STATE ZIP

TELEPHONE _____ EMAIL _____

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 _____
FIRST INITIAL LAST

ADDRESS _____
STREET

CITY STATE ZIP

TELEPHONE _____ EMAIL _____

DATE OF BIRTH _____
MONTH DAY YEAR

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Update Fund Successor and/or Charitable Beneficiaries, *continued*

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)

A. 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 understand that the LGBTQ Community Endowment Fund is dedicated in perpetuity to the support of the LGBTQ 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 <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			

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

Donor(s) Signature

DONOR SIGNATURE _____ DATE _____
 DONOR 2 SIGNATURE _____ DATE _____