



# DONOR-ADVISED FUND PROGRAM

## DONOR CONTRIBUTION AGREEMENT

Thank you for opening a donor-advised fund at Horizons Foundation.

### Instructions

*Note: You are encouraged to have a preliminary conversation with Horizons staff to ensure that a Donor-Advised Fund (DAF) is the right financial instrument for you.*

Information in **bold** indicates a required field. Please complete this form and return it by mail to: Horizons Foundation, 155 Sansome Street, Suite 650, San Francisco, CA 94104, or scanned and emailed to [daf@horizonsfoundation.org](mailto:daf@horizonsfoundation.org)

Before you complete this agreement, please:

1. Read the Horizons Foundation Donor-Advised Fund Program Guide.
2. Evaluate your philanthropic goals. You may wish to discuss with Horizons Foundation staff how the Horizons Donor-Advised Fund Program can meet your charitable giving goals.
3. Select a name for your fund.
4. Decide how you want to contribute to your fund. You may wish to discuss with your financial advisor the best way for you to do this.

### Fund Information

#### DONOR INFORMATION

**DONOR 1** \_\_\_\_\_  
FIRST INITIAL LAST

**ADDRESS** \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

**TELEPHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
(REQUIRED FOR ONLINE FUND ACCESS)

**DATE OF BIRTH** \_\_\_\_\_  
MONTH DAY YEAR

**DONOR 2** \_\_\_\_\_  
FIRST INITIAL LAST

**ADDRESS** \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

**TELEPHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
(REQUIRED FOR ONLINE FUND ACCESS)

**DATE OF BIRTH** \_\_\_\_\_  
MONTH DAY YEAR

If you are interested in having additional individuals function as advisors on the fund with full authority to make grant recommendations, please attach their names and full contact information.

## DONOR CONTRIBUTION AGREEMENT

### **Fund Information, *continued***

#### **NAME YOUR FUND**

Please create a name for your donor-advised fund. You can name the fund after yourself (e.g., The Jane Smith Philanthropic Fund) or any other name that you choose. Some donors create names that are meaningful to them, and some donors in our program use the fund to ensure that their grants have an LGBTQ “stamp” on them (e.g., The Gay Values Fund).

We are happy to have a strategic naming discussion with you. With each grant recommendation, you may elect to have the grant acknowledge a donor’s name, your personalized fund name (e.g., The Jones Family Fund), or indicate an anonymous donor.

**FUND NAME** \_\_\_\_\_

#### **FUND BENEFICIARIES AND SUCCESSORS**

You may wish to recommend what Horizons Foundation will do with any balance in your fund in the event of your death(s). You may name up to two fund successors to succeed you in advising the fund after your death OR you may elect to bequest to specific nonprofits, issue areas that are important to you, or both, or the Horizons Foundation LGBTQ Community Endowment Fund receive all or a percentage of the fund.

I HAVE FILLED OUT THE ADVANCE ADVISOR RECOMMENDATION FORM

## DONOR CONTRIBUTION AGREEMENT

### Gift Information

The minimum initial contribution is \$5,000. Each individual asset must have an estimated fair market value of at least \$500. Please review the Donor-Advised Fund Program Guide for information on asset types that can be contributed.

**CASH** DOLLAR AMOUNT \$ \_\_\_\_\_

CHECK: Make payable to Horizons Foundation and return with this application to  
550 Montgomery Street, Suite 700, San Francisco, CA 94111

**SECURITIES**

ELECTRONIC STOCK TRANSFERS: DTC #0062  
Vanguard Brokerage Services  
Horizons Foundation  
Account # 66069411

PAPER STOCK TRANSFERS: Vanguard Brokerage Services  
100 Vanguard Boulevard  
Malvern, PA 19355-0741  
Horizons Foundation  
Account # 66069411

NAME OF SECURITY 1 \_\_\_\_\_

NUMBER OF SHARES \_\_\_\_\_ ESTIMATED DOLLAR VALUE \$ \_\_\_\_\_

TYPE OF SECURITY (COMMON STOCK, BOND, ETC.) \_\_\_\_\_ CUSIP OR SYMBOL \_\_\_\_\_

PHYSICAL CERTIFICATE (Y OR N) \_\_\_\_\_ BROKERAGE FIRM \_\_\_\_\_

NAME OF SECURITY 2 \_\_\_\_\_

NUMBER OF SHARES \_\_\_\_\_ ESTIMATED DOLLAR VALUE \$ \_\_\_\_\_

TYPE OF SECURITY (COMMON STOCK, BOND, ETC.) \_\_\_\_\_ CUSIP OR SYMBOL \_\_\_\_\_

PHYSICAL CERTIFICATE (Y OR N) \_\_\_\_\_ BROKERAGE FIRM \_\_\_\_\_

*It is Horizons' practice to liquidate all gifts of securities promptly. Attach additional sheets if needed for additional securities.*

**DONATION FROM OTHER CHARITABLE ORGANIZATION**

NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_

ESTIMATED DOLLAR AMOUNT \$ \_\_\_\_\_ TYPE OF GIFT \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

**I WOULD LIKE THE TAX-DEDUCTION LETTER FOR THIS GIFT TO BE ADDRESSED TO:**

- Donor 1
- Donor 2 [see p. 1]
- Both donors

## DONOR CONTRIBUTION AGREEMENT

### Recommended Asset Allocation

Please recommend an initial asset allocation for your Horizons Foundation Donor-Advised Fund. The investment options are explained in detail in your Donor-Advised Fund Program guide and Horizons staff or a member of Horizons' Investment Committee is available to discuss them with you. You may choose one investment portfolio or a custom allocation among the individual investment options. If you select Portfolio 4 (custom plan), **your total must equal 100%** and we recommend a percentage be invested in the money market fund to allow for grantmaking.

Assets	Symbol	Basis Points	Portfolio 1	Portfolio 2		Portfolio 3		Custom Portfolio 4
				A	B	A	B	Specify %
<b>Vanguard Federal Money Market Fund</b>	VMFXX	16	100%	40%	40%	15%	15%	_____%
<b>Fixed Income/Bonds:</b> PIMCO Total Return A	PTTAX	85		20%	20%	15%	15%	_____%
Calvert Impact Capital – Community Investment Note		0		20%	20%	20%	20%	_____%
<b>Equity:</b> Neuberger Berman Sustainable Equity Fund Investor Class	NBSAX	85				20%	20%	_____%
Vanguard Total Stock Market Index Fund Admiral Shares	VTSAX	4		15%		20%		_____%
Vanguard FTSE Social Index Fund Investor Shares	VFTSX	20			15%		20%	_____%
Dodge & Cox International Stock Fund	DODFX	63		5%	5%	10%	10%	_____%
Workplace Equality ETF	EQLT	75						_____%
<b>Total</b>			100%	100%	100%	100%	100%	100%
<b>Selection (check one box):</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DONOR CONTRIBUTION AGREEMENT

- I will make a leadership circle gift to Horizons Foundation this year and therefore no charitable administration fee will be charged to my fund for the first year.

### Acknowledgement of Terms

Horizons Donor-Advised Fund Program is operated by Horizons Foundation, a 501(c)(3) public charity. I/We acknowledge that I/we have read the Donor-Advised Fund Program Guide and agree to the terms and/or conditions contained therein. I/We understand that any contributions to Horizons Foundation through the Donor-Advised Fund Program are irrevocable. I/We certify that, to the best of my/our knowledge, all information enclosed is accurate and I/we will notify Horizons Foundation in writing of any changes.

### SIGNATURES REQUIRED FROM ALL DONORS LISTED ON THE FUND

DONOR 1 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DONOR 2 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_