

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 155 Sansome St., Suite 650, San Francisco, CA 94104 or via email to daf@horizonsfoundation.org. For more information, contact Henry Pacheco, Dir. of Philanthropic Services at 415-660-2221 or hpacheco@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 (e.g., LGBTQ youth; women's health; arts and culture; etc.)	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.

C. ORGANIZATIONS

	Organization	Address	Percentage of amount you allocated above	Restrictions or other designation (if any)
1				
2				
3				
4				

- ## Successor Advisors

- ☐ 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	

NAME(S) _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____