

DOCUMENT YOUR CHARITABLE LEGACY

You can structure your donor-advised fund for giving beyond your lifetime to create a charitable legacy. Answer all or some of the questions below to articulate your charitable goals and priorities. Greater Horizons' philanthropic advisors are available to guide you through this process. To reach your philanthropic advisor, contact support@greaterhorizons.org.

Please complete any applicable sections and return to support@greaterhorizons.org.
Once approved by Greater Horizons, we will return a fully signed copy to you.

Name of Fund

Fund ID

Are there specific interest areas you want to support beyond your lifetime? Select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Education | <input type="checkbox"/> International Affairs & National Security |
| <input type="checkbox"/> Animal-Related | <input type="checkbox"/> Employment | <input type="checkbox"/> Philanthropy & Volunteerism |
| <input type="checkbox"/> Civil Rights & Advocacy | <input type="checkbox"/> Environment | <input type="checkbox"/> Recreation & Sports |
| <input type="checkbox"/> Community Improvement | <input type="checkbox"/> Food, Agriculture & Nutrition | <input type="checkbox"/> Religion-Related |
| <input type="checkbox"/> Crime & Legal-Related | <input type="checkbox"/> Health | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Diseases, Disorders & Medicine | <input type="checkbox"/> Housing & Shelter | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Disaster Preparedness & Relief | <input type="checkbox"/> Human Services | <input type="checkbox"/> Other: _____ |

Would you like your giving concentrated to specific geographic areas? If so, please list them here.

Do you feel strongly about supporting specific organizations? If so, please describe.
Example: *We are interested in providing grants to our alma mater on an annual basis.*

Would you like to outline more stringent rules for your giving?

Example: *Under no circumstances will I/we support organizations that* _____ .

How long would you like your giving to continue? Indefinitely or for a set number of years? Please choose one of the options below.

Grant each year according to Greater Horizons' spending policy, currently 5% of the average past three year-end Fund balances.

However, if the Fund balance is less than \$ _____ (minimum of \$5,000), Greater Horizons will grant the balance of the Fund in one lump sum.

Grant the balance of the Fund over _____ year(s).

Grant \$ _____ each year until the Fund balance is depleted.

Please list any additional guidance or recommendations for your Fund.

Founder Signature

Date

Founder Signature

Date

Accepted by: _____ Date _____
Greater Horizons