



(Please Print)

If you have any questions, please contact our Development Department at 510-844-0642, or info@episcopalcharities.org.

1 Donor Purpose / Contact

This form is to:

- Open a New Fund
- Make changes to an existing Fund

FUND NAME _____

Donor Contact:

NAME _____

DATE _____

2 Fund Contact Information

Donor #1 (receives monthly statements)

NAME _____ Home Business

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____

HOME PHONE _____ FAX _____

E-MAIL _____

DATE OF BIRTH (MM/DD/YYYY) _____

SOCIAL SECURITY NUMBER _____

COMPANY NAME _____

OCCUPATION _____

TITLE _____

REFERRED TO EPISCOPAL CHARITIES BY _____

DONOR #1 RELATIONSHIP TO DONOR #2 _____

Donor #2 (optional)

NAME _____ Home Business

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____

HOME PHONE _____ FAX _____

E-MAIL _____

DATE OF BIRTH (MM/DD/YYYY) _____

SOCIAL SECURITY NUMBER _____

COMPANY NAME _____

OCCUPATION _____

TITLE _____

REFERRED TO EPISCOPAL CHARITIES BY _____

Please check here for Donor #2 to receive duplicates of account statements and annual contribution summary

3 Type of Fund

Please indicate your fund type below.

- Donor Advised Fund (Go to Section 3A)
- Field of Interest Fund (Go to Section 3B)
- Restricted Purpose Fund (Go to Section 3C)
- Episcopal Charities Fund (Go to Section 3D)

3A Donor Advised Fund

In establishing a Donor Advised fund, you simplify your charitable giving by creating a fund similar to having your own "personal foundation" without the complications or expense of setting up a private foundation.

- \$ _____ Permanent Donor Advised Fund
(Minimum \$25,000) Corpus is not invaded.
- \$ _____ Temporary Donor Advised Fund
(Minimum \$10,000) Corpus is spent over _____ years.

Donor Advised Fund Custom Grant Letter:

A letter accompanies grants recommended to qualified nonprofits which indicates your fund name, and if requested, the name and address of the fund advisor recommending the grant (unless anonymity is requested).

If a grantee wishes to send information (e.g., thank you letters, invitations, etc.) to you, please indicate your preference:

- Do not provide my address Provide my address
- Forward to me

Please select one of the following gift acknowledgement options:

- I prefer that grants made from my fund be recognized publicly.
- I prefer that grants made from my fund not be recognized publicly, without special authorization.
- I prefer that grants made from my fund remain anonymous.
(This request can be made on a case-by-case basis.)
- I prefer to receive a grant report from grantees receiving \$10,000 or more from my fund. I understand that these reports will be sent to me after the grant term expires.

Continue to Section 4

3B Field of Interest Fund

In establishing or contributing to a Field of Interest fund, your donations are allocated to address a particular need in the community.

- \$ _____ Permanent Field of Interest Fund
(Minimum \$25,000) Corpus is not invaded.
- \$ _____ Temporary Field of Interest Fund
(Minimum \$10,000) Corpus is spent over _____ years.

We offer the following Field of Interest funds for your consideration:

- Homelessness HIV/AIDS
- Health Care Jail Ministry
- Recovery Services
- Other _____

Continue to Section 4

3C Restricted Purpose Fund

In establishing a Restricted Purpose fund, your gift provides a permanent, protected stream of income for the benefit of a particular nonprofit agency that the donor wishes to support over time.

- \$ _____ Permanent Restricted Purpose Fund
(Minimum \$25,000) Corpus is not invaded.
- \$ _____ Temporary Restricted Purpose Fund
(Minimum \$10,000) Corpus is spent over _____ years.

Agency Information:

AGENCY NAME

ADDRESS

CONTACT

TITLE

TELEPHONE

EMAIL

Continue to Section 4

3D Episcopal Charities Fund

Your unrestricted gift to our permanent endowment allows the Board of Directors to direct funds where they are most needed: Episcopal Charities' Grant Program, the Episcopal Charities Technical Assistance Program or the Episcopal Charities Operations Fund.

- Yes, I'd like to give to this fund in the amount of
\$ _____

Continue to Section 4

4 Making Your Gift

Your gift may be paid in the form of:

- Option 1: CASH** (Contribute by check or wire)
Please indicate preference and fill in dollar amount below:
\$ _____ check made payable to Episcopal Charities.
\$ _____ wire. Please contact our Development
Department at 510-844-0642.

- Option 2: SECURITIES** (Contribute by stock or bonds)
Please contact our Development Department at 510-844-0642
for stock delivery instructions.

- Option 3: OTHER*** Please specify (e.g. Real Estate, Insurance
Beneficiary, Bequest):

*Episcopal Charities retains the right to refuse contributions.

4A Investment Selection

Please indicate your investment pool selection below. If you need additional information, please contact our Development Department at 510-844-0642.

- Conservative** – The asset allocation target is approximately 40% equities and 60% fixed income. Money market funds may also be used. This approach seeks modest capital appreciation, with protection of principal secondary.

- Moderate** – The asset allocation target is approximately 60% equities and 40% fixed income. Money market funds may also be used. This strategy's primary goal is growth of principal.

- Aggressive** – The asset allocation target is approximately 80% equities and 20% fixed income. Money market funds may also be used. This strategy's goal is capital appreciation and the accumulation of wealth.

5 Signature(s)

I acknowledge that I have read the Donor Policies contained in the Episcopal Charities Guide to Charitable Giving, and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by the Board of Directors, represents an irrevocable contribution to Episcopal Charities and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this form is accurate and I will notify Episcopal Charities promptly of any changes.

I understand that I may make recommendations concerning the investments in the account, as well as recommending grants to charitable organizations from the account. While Episcopal Charities will give careful and thoughtful consideration to all such recommendations, I understand that final decisions

concerning the investment of account assets, and all grants from the account will be made by Episcopal Charities. I further understand that no recommended grants from the account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services of value received by me or any other person affiliated with me.

Donor #1 SIGNATURE

DATE

Donor #2 SIGNATURE

DATE



**EPISCOPAL
CHARITIES**

Please return to: Episcopal Charities
1814 Franklin Street, Suite 500
Oakland, CA 94612
Fax 510-663-1421

Thank you for choosing Episcopal Charities. We look forward to helping you accomplish your philanthropic goals.
Visit us on line at www.episcopalcharities.org