



Donor Advised Fund Agreement

12685 Olive Blvd., Suite 100
St. Louis, MO 63141; (fax) 636-634-3411

Complete this form to establish a Donor Advised Fund (Fund) with your irrevocable gift to YouthBridge Community Foundation (YouthBridge). For questions, please call 314-985-6778 or email us at info@youthbridge.org.

DONOR INFORMATION - Enter information for both donors if property is jointly owned; otherwise, enter information for one donor only.

Title _____ First Name _____ MI _____ Last Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

DONOR INFORMATION

Title _____ First Name _____ MI _____ Last Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

CONTRIBUTION

In accordance with IRS regulations, donors may not impose restrictions or conditions on contributions to a Donor Advised Fund.

Standard contributions can be made by check or wire transfer. Check Wire transfer Other

To transfer publicly traded securities, real property, personal property, closely held stock, other assets or complete a wire transfer of funds, please contact us at 314-985-6778 or info@youthbridge.org. All contributions are subject to the Gift Acceptance Policy of YouthBridge.

Amount of Contribution (or estimated value): _____ Date of Contribution: _____

Please Mail Checks to:
YouthBridge Community Foundation
12685 Olive Blvd., Suite 100
St Louis, MO 63141

4. SUCCESSOR GIFT ADVISOR(S)

You may nominate successor Gift Advisors. In the event of death, resignation or incapacity of all original Gift Advisors, the individuals below will become successor Gift Advisors.

- There will be no successor Gift Advisors.
 The following are nominated to serve as Successor Gift Advisor(s).

Successor Gift Advisor - Name (Prefix, First, Middle Initial, Last)

Phone

Address

Date of Birth

City State Zip Code

Relationship to Donor

Email Address

Successor Gift Advisor - Name (Prefix, First, Middle Initial, Last)

Phone

Address

Date of Birth

City State Zip Code

Relationship to Donor

Email Address

5. REMAINDER BENEFICIARY

In the event of death, incapacity or resignation of all Gift Advisors and Successor Gift Advisors, the balance of the Fund shall be used as follows:

- OPTION 1** - Transferred to YouthBridge to support its mission and work in the community.
 OPTION 2 - Distributed to the following IRC section 501(c)(3) public charities in the percentages shown:

_____ % to YouthBridge Community Foundation

_____ % to (Insert charity name here) _____

_____ % to (Insert charity name here) _____

_____ % Total must equal 100 percent

- OPTION 3** - YouthBridge will continue to hold and administer the Fund as a Named Fund distributing grants consistent with the intent and history of the Fund subject to policies of YouthBridge.

6. ADDITIONAL INSTRUCTIONS

Please include any additional instructions to help us understand the charitable intent for your Fund.

7. ELIGIBLE GRANTEES

Distributions from the Fund may be made only to organizations which are qualified under section 501(c)(3) of the Internal Revenue Code (the "Code") and classified as a public charity under sections 509(a)(1) or 509(a)(2) of the Code, or a private operating foundation under section 4942(j)(3) of the Code.

Distributions from the Fund may not be made to pay dues for membership in an organization, purchase admission to charitable events, discharge or satisfy a legally enforceable obligation or pledge, or to support political or legislative activities.

Although not required, we encourage at least 50% of your grants be made to agencies that serve children and youth.

Voluntary Support for Community Programs

YouthBridge provides community programs that support children, promotes philanthropy and helps nonprofit organizations become more sustainable. Please consider supporting our work in the community by checking one of the following boxes:

- I/We agree to contribute 2% of my Fund value annually to support the work of YouthBridge. (pro-rated monthly)
- I/We agree to contribute 1% of my Fund value annually to support the work of YouthBridge. (pro-rated monthly)
- I/We agree to contribute ____% (whole numbers only) of my Fund value annually to support the work of YouthBridge. (pro-rated monthly)
- At this time, I do not choose to support the work of YouthBridge with a contribution from my Fund.

8. DORMANT FUNDS, MINIMUMS, FEES, & DONOR RECOGNITION

If a Fund is dormant for three years, YouthBridge will make a good faith effort to contact the Gift Advisor(s) to encourage him or her to recommend a gift. If YouthBridge is unable to establish contact with the Gift Advisor(s) or Successor Gift Advisor(s), YouthBridge will use the Fund balance at its own discretion.

The undersigned hereby acknowledges receipt and agrees to the terms in the Donor Advised Fund Guidelines including the administrative fee schedule. The undersigned further understands the fee schedule is subject to modification and may be increased or decreased at the discretion of YouthBridge Community Foundation. The minimum annual administration fee is \$250. The undersigned agrees to be bound by the most current schedule of fees published by YouthBridge.

The Gift Advisor(s) may at any time recommend that the Fund be terminated and any remaining Fund assets be granted to one or more public charities. The undersigned understands that YouthBridge and its duly authorized committees, reserve the right to make the final decision regarding distributions from the Fund.

- YouthBridge may disclose our Fund's name in its publications.
- YouthBridge may not disclose our Fund's name in its publications.

You will retain the option of making grants anonymously from your fund regardless of your decision to disclose or not disclose your fund's name in YouthBridge publications.

9. PROFESSIONAL ADVISOR INFORMATION

If a professional advisor guided you in the decision to establish the Fund, please fill out the following section.

Professional Advisor Name

Firm Name

Address

Email Address

City State Zip Code

Phone

10. SIGNATURES

Donor Signature

Date

Donor Signature

Date

Accepted by:

YouthBridge Community Foundation

Date

Return this form to: info@youthbridge.org or Fax: 636.634.3411
12685 Olive Boulevard, Suite 100 | St. Louis, MO 63141 | 314.985.6778 | www.youthbridge.org