



DONOR ADVISED FUND PROGRAM

Donor Contribution Agreement

I. Instructions

Information in **bold** indicates a required field. Return this completed, signed agreement to Cream City Foundation Donor Advised Fund Program by fax at 414.225.2046, or by mail to 759 N. Milwaukee Street, Suite 212, Milwaukee, WI 53202.

Before you complete this agreement, please:

1. Read the Cream City Foundation Program Guide.
2. Evaluate your philanthropic goals. You may wish to discuss with Cream City Foundation staff how the Cream City Foundation Donor Advised Fund Program can meet your charitable giving needs.
3. Select a name for your 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 their contributions have an LGBT “stamp” on them (e.g., The Gay Values Fund). We are happy to have a strategic naming discussion with you if you are interested in thinking this decision through together. With each grant recommendation, you may elect to have the accompanying letter acknowledge a donor’s name, your personalized fund name (e.g., The Jones Family Fund), or indicate an anonymous donor.
4. Contribute to your fund. You may wish to discuss with your financial advisor the best way for you to do this.

II. DONOR INFORMATION

Please complete the donor information below. Donors listed function as advisors on the fund with full authority to make grant recommendations. If you are interested in having additional individuals please attach their names and full contact information. All Donor(s) shall be the “Fund Advisors.”

DONOR INFORMATION

PRIMARY DONOR

	MR. / MS.	FIRST	INITIAL	LAST
ADDRESS	_____			
	STREET			

	CITY	STATE	ZIP	
TELEPHONE	_____		EMAIL	_____

DONOR 2

	MR. / MS.	FIRST	INITIAL	LAST
ADDRESS	_____			
	STREET			

	CITY	STATE	ZIP	
TELEPHONE	_____		EMAIL	_____

III. DONOR ADVISED FUND AGREEMENT

I/We hereby agree to deliver the Cream City Association Foundation, Inc. (the "Foundation") our gift of the property described in the attached Schedule A by _____. It is our request that this gift, together with any additional gifts that are made to the fund described below, be used to establish and maintain a donor advised fund (the "Fund") of the Foundation to be held and administered as established in this agreement.

1. FUND NAME

The Fund shall be known as the _____

2. FUND PURPOSES

All of the distributions from the Fund shall be made for such charitable purposes as the Foundation Board of Directors (the "Board") may determine and approve after taking into consideration any periodic recommendations made to the Foundation by the Fund Advisors.

If the Fund is to have a specific field of interest or designation please enter it below:

3. FUND BENEFICIARIES AND SUCCESSORS

In the event of the death of all Fund Advisors deaths the Fund balance shall become an unrestricted component fund of the Foundation and distributions from the Fund shall be made for such charitable purposes as the Board, in its discretion, may determine.

In the event that no grant recommendation is made for three consecutive years, the Foundation will make reasonable attempts to contact the Fund Advisors. If the Foundation cannot contact those parties, then the Fund balance shall become an unrestricted component fund of Foundation and distributions from the Fund shall be made for such charitable purposes as the Board, in its discretion, may determine.

4. INVESTMENT OF FUNDS

The Foundation shall invest the Fund balance in accordance with its normal investment guidelines or procedures.

5. FINANCIAL REPORTS

The Foundation shall send all tax deduction letters and Quarterly financial reports related to the Fund to the address(es) indicated above for:

- Primary Donor
- Donor 2
- All Donors

6. FUND DISTRIBUTIONS

Distributions from the Fund shall be made in amounts that are in accordance with the Foundation's distribution policy as in effect from time to time; however Fund Advisors have the right to recommend distributions greater than those set by the Foundation's distribution policy. The

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Foundation will not be bound by any advice from any Fund Advisors, but will consider Fund Advisor advice in making grants.

7. ACKNOWLEDGEMENT OF TERMS

In connection with the establishment of the Fund as a Donor Advised Fund, I hereby acknowledge and represent that:

- A. The Foundation will not be bound by any advice from me/us or any other Fund Advisors.
- B. The Foundation will consider the advice of others in making grants and will conduct an independent investigation to evaluate whether recommendations of the Fund Advisors are consistent with charitable needs determined by the Foundation to be most deserving of support.
- C. I/We have received the Foundation's current Guidelines for Donor Advised Funds and agree to the terms and/or conditions contained therein and understand that recommendations by the Fund Advisors must be consistent with such Guidelines.
- D. I/We understand that any contributions to the Foundation through the Cream City Foundation Donor Advised Fund Program are irrevocable.
- E. I/We certify that, to the best of my/our knowledge, all information enclosed is accurate and I/we will notify the Foundation in writing of any changes.
- F. This application will constitute our entire agreement concerning the Fund.

8. GOVERNANCE

All assets of the Fund shall be assets of the Foundation and not a separate trust. The Fund shall be held and administered subject to the provisions of the Foundation's Article's of Incorporation and By-Laws as presently in effect or as each may from time to time be amended, including the provisions which may permit the Board to amend, modify, or vary any of the purposes, directions, restrictions or conditions set forth herein.

If you accept our gift as set forth above, kindly so indicate by signing and returning this agreement form.

PRIMARY DONOR SIGNATURE _____ DATE _____

DONOR 2 SIGNATURE _____ DATE _____

Cream City Foundation, Inc. agreed to and accepted as of the date set forth above

By: _____ DATE _____

Title: _____

Donor Contribution Agreement: Schedule A

Gift Information

The minimum initial contribution is \$10,000.

CASH

DOLLAR AMOUNT \$ _____

CHECK: Make payable to the Cream City Foundation and return with this application to 759 N. Milwaukee Street, Suite 212, Milwaukee, WI 53202

SECURITIES

TRANSFER SECURITIES TO: ROBERT W. BAIRD
Contact: Christy Lind or Tamie Dudor at 414.765.3532 or
James Bors at 414.298.1724

For credit to: Account No: 8586-1148

DTC Participant #0547

Account Name: Cream City Foundation Inc

759 N. Milwaukee Street, Suite 212, Milwaukee, WI 53202

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) _____ FIRM _____

FUND NUMBER _____

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) _____ FIRM _____

FUND NUMBER _____

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 _____ DONATION OF OTHER TYPE OF ASSET

TYPE OF GIFT _____

ESTIMATED DOLLAR AMOUNT \$ _____

SPECIAL INSTRUCTIONS _____