



## DONOR ADVISED FUND AGREEMENT CHURCH / MINISTRY ORGANIZATIONS

### Organization Information

Provide the contact details for the organization that is opening this Donor Advised Fund

|               |               |          |  |  |
|---------------|---------------|----------|--|--|
| Name          |               |          |  |  |
| Address       |               |          |  |  |
| City          | State         | ZIP Code |  |  |
| Primary Phone | Primary Email |          |  |  |

### Donor Advisor Information

The Donor Advisor is the individual who can make recommendations to Legacy Ministry Services (Legacy) about how funds should be distributed from the Donor Advised Fund. An organization Donor Advised Fund must have a minimum of two Donor Advisors.

| Identify who will be the Donor Advisors on this fund |  |                          |  |
|--|--|--------------------------|--|
| <input type="checkbox"/>                             | Individuals below <i>(Minimum of 2, attach pages if necessary)</i> | <input type="checkbox"/> | Corporation Officers/Trustees <i>(Please attach list if more than 3)</i> |
| <input type="checkbox"/>                             | Directors <i>(Please attach list if more than 3)</i>               | <input type="checkbox"/> | Elders <i>(Please attach list if more than 3)</i>                        |

| Primary Donor Advisor details |               |           |  |
|-------------------------------|---------------|-----------|--|
| First Name                    |               | Last Name |  |
| Address                       |               |           |  |
| City                          | State         | ZIP Code  |  |
| Primary Phone                 | Primary Email |           |  |

| Second Donor Advisor details |               |           |  |
|------------------------------|---------------|-----------|--|
| First Name                   |               | Last Name |  |
| Address                      |               |           |  |
| City                         | State         | ZIP Code  |  |
| Primary Phone                | Primary Email |           |  |

| Third Donor Advisor details |               |           |  |
|-----------------------------|---------------|-----------|--|
| First Name                  |               | Last Name |  |
| Address                     |               |           |  |
| City                        | State         | ZIP Code  |  |
| Primary Phone               | Primary Email |           |  |

| How are Donor Advisors required to make Grant Recommendations for this Donor Advised Fund? |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Individually  | <input type="checkbox"/> Any 2 Donor Advisors | <input type="checkbox"/> A quorum of Donor Advisors | <input type="checkbox"/> All Donor Advisors |

**Naming the Donor Advised Fund**

Each Donor Advised Fund requires a unique name to identify it.

|   |
|---|
| <b>What name should be given to the Donor Advised Fund?</b> (e.g. <i>The Bethel Bible Chapel Fund</i> ) |
|   |

**Funding the Donor Advised Fund**

A Donor Advised Fund must be funded for future distributions to be made promptly. Please note:

- If donating cash, make a check payable to Legacy Ministry Services, and return with a signed copy of this agreement.
- If donating securities, complete a Securities Donation Form to identify those securities.

| How will the initial contribution be made? |   |   |    |
|--|---|---|----|
| <input type="checkbox"/>                   | Cash  | Value:  | \$ |
| <input type="checkbox"/>                   | Securities (e.g. <i>Stocks, Bonds, etc.</i> ) | Description:  |    |
| <input type="checkbox"/>                   | Other   | Please contact Legacy to discuss available options. |    |

**Declaration**

I/we understand that gifts to the Donor Advised Fund are an irrevocable donation to the ministries of Legacy Ministry Services and that any grant recommendation must directly and fully support a charitable program. A recommendation will not be approved for any of the following reasons:

- To reference the fulfillment of a pledge that has already been made in the name of the church or ministry organization.
- To pay for memberships or tickets to galleries, museums, or public broadcasting stations; goods at charitable auctions; school tuition; benefit events; or other goods or services.
- To benefit the Donor Advisor(s) or a specific individual.
- To support political campaigns or for lobbying activities.
- To support a private foundation.

Further, I/we hereby explicitly grant to Legacy Ministry Services variance power to re-direct the use of the donated funds to other Christian ministries. I/we understand that such variance power falls within the authority of the Board of Directors of Legacy Ministry Services

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Please send completed forms to:**  
 Legacy Ministry Services, 2250 Chaney Rd., Dubuque, IA 52001  
 info@bssmatters.com