

# Donor Advised Endowment Fund Application

Donor Name \_\_\_\_\_

Fund Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Signature \_\_\_\_\_

Name of Secondary Contact \_\_\_\_\_ Signature \_\_\_\_\_

ABC-Region/Partner \_\_\_\_\_

Online Access Desired      ABF REP \_\_\_\_\_

**INITIAL INVESTMENT (IN DOLLARS) \$** \_\_\_\_\_

**PLEASE NOTE:** Unless otherwise requested, all individual and family named endowments are invested in ABF's Blended Portfolio with distribution, as determined by the Board, being distributed quarterly to the following charitable organizations, once the account is funded:

**DISTRIBUTION INSTRUCTIONS:**

*At least 51% of the recommended distributions must be to an American Baptist related entity*

<b><u>Organization:</u></b>	<b><u>Percentage:</u></b>
_____	_____ %
_____	_____ %
_____	_____ %

**ADDITIONAL REQUEST:**

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I (we), the undersigned, am (are) duly authorized to execute this application on behalf of Participant referenced above. I (we) certify that Participant has read, understood and agreed to all statements in the following documents of the American Baptist Foundation:

Donor Advised Endowment Fund Agreement

## **AUTHORIZED SIGNATURE(S):**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed application to the ABF office. Feel free to contact us if you have additional questions by Phone (610) 768-2035 or by email at [ABFaccounts@abc-usa.org](mailto:ABFaccounts@abc-usa.org).