



**Agreement to Establish  
A Named Charitable Fund with  
The Community Foundation of South Alabama**

*(You may complete this 2-page form letter or include pertinent information on your letterhead)*

Date: \_\_\_\_\_

The Community Foundation of South Alabama  
Attention: Mr. Ron Melton, Chairman  
Post Office Box 990  
Mobile, Alabama 36601-0990

Dear Mr. Melton:

I (*We*) would like to make a contribution to The Community Foundation of South Alabama (CFSA) and establish a fund to be called the

\_\_\_\_\_ Fund.

The purpose of this fund will be to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The fund shall be held and distributed upon the following terms and conditions:

1. The fund shall be administered by CFSA as a:  
*(Indicate only one choice by your initials on the line following the fund name.)*

a. **Donor Advised Fund** \_\_\_\_\_

I (*We*) have listed Advisors (*including successor advisors if any*) on the donor information form (*page 3*).

b. **Restricted Fund** \_\_\_\_\_

(1) Agency Endowment Fund \_\_\_\_\_ Agency: \_\_\_\_\_

(2) Scholarship Fund \_\_\_\_\_ (*attach your criteria*)

I would like to set the scholarship amount to \$ \_\_\_\_\_

- c. **Undesignated Fund**
  - (3) Community Endowment \_\_\_\_\_
  - (4) Field of Interest Fund \_\_\_\_\_ (*attach your criteria*)
- d. **Short-Term** [*pass through (less than two years)*] \_\_\_\_\_

2. It is my (*our*) wish that recommendations for grant distributions be made by CFSA in accordance with a spending policy as follows: (*Indicate only one choice by your initials on the line following your selection.*)

- a. Only the income \_\_\_\_\_
- b. Both income and principal \_\_\_\_\_
- c. 5% of the fund market value -  
Over a 20-quarter rolling average \_\_\_\_\_

3. I (*we*) wish as donor(s) to suggest a choice of approved investments according to the Investment Policy of The Community Foundation of South Alabama as follows:

(*Indicate your choice of one or more with your initials on the line following your selection.*)

- a. CFSA Moderate \_\_\_\_\_
- b. CFSA Conservative \_\_\_\_\_
- c. CFSA Aggressive \_\_\_\_\_
- d. CFSA Short Term \_\_\_\_\_

I (*we*) understand a management fee will be charged by The Foundation for administration of this named charitable Fund according to the schedule of fees furnished to me, as same may be revised by CFSA from time to time.

I (*We*) understand that acceptance, management and disposition of these funds by your Board of Directors must be subject to and in accordance with the Articles of Incorporation and Bylaws of The Community Foundation of South Alabama, and final action taken for the expenditure, disposition or use of the income and principal of the Fund must be in keeping with the rules of the Internal Revenue Service, and this responsibility is placed on the Board of Directors of the Community Foundation of South Alabama, who will actually make the decisions.

Sincerely,

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Donor

DONOR INFORMATION FORM

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

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

Primary Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Advisors for Donor Advised Funds only (If naming successor advisors indicate which one is the Primary Contact)

Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

(Additional advisors and Successor Advisors may be listed on an attached separate page.)

Contribution

Cash \$ \_\_\_\_\_

Other: (Describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) have read the fund guidelines and agree to notify CFSA of any changes pertaining to this named charitable fund.

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Donor

I acknowledge receipt of this newly established named charitable fund.

CFSA Officer: \_\_\_\_\_