



**Donor Advised Fund**

**Advance Advisor Recommendation Form**

The following form serves as an addendum to the standard Donor Advised Fund Agreement noted in the section on Advance Advisor Recommendation.

**Fund Information**

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

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

Please fill in either the charitable beneficiaries or fund successor below:

**Charitable Beneficiaries**

- a. \_\_\_\_\_ % Women's Foundation of California (see Section I)
- b. \_\_\_\_\_ % Areas and issues of special interest (see Section II)
- c. \_\_\_\_\_ % Specific organizations (see Section III)

In the event of my/our death, I/we recommend to the Women's Foundation of California that grants be made from the above-named fund as follows:

**I. Women's Foundation of California**

Because I/we recognize the importance of ensuring that the women and girls of California have the capacity to meet future needs, including those which we cannot predict today, I/we recommend that \_\_\_\_\_ % of the available funds support the general operations of the Women's Foundation of California.

**II. Areas and Issues of Special Interest**

I/we recommend that the Women's Foundation of California award grants to qualifying organizations working in the following area(s):

Area or Issue	Percentage of amount you allocated above	Specific designation (if any)
1. Economic Self-Sufficiency		
2. Women's Health		
3. Young Women's Leadership		

I/we request that \_\_\_\_\_ be consulted about any grant decisions.

I have attached \_\_\_\_\_ page(s) of donor recommendations to this Advance Advisor Recommendation Form.

## Advance Advisor Recommendation Form

### III. Specific Organizations

I/we recommend that the Women's Foundation of California award grants to the following organizations:

Organization	Address	% of amount you allocated above	Specific programmatic designation (if any)

NOTE: If the Women's Foundation of California is not a designated beneficiary, 1% of the total will be automatically donated to the Women's Foundation of California.

I/we request that these grants be \_\_\_\_\_ anonymous \_\_\_\_\_ named by fund

I have attached \_\_\_\_\_ page(s) of donor recommendations to this Advance Advisor Recommendation Form.

### Successor Advisors

You may select one of the following options upon the death or incapacity of all the original donor(s) of the fund:

- Successor advisor(s) will succeed the fund and make recommendations jointly.
- Successors will split the fund evenly

#### Successor 1:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

#### Successor 2:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

I/we, the undersigned, state that any above recommendation(s) do not represent payment of any binding pledge or other financial obligation and will result in no benefit or privilege to me/us and/or heirs.

Name(s) \_\_\_\_\_

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

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