

Donor Designated Fund Donor Contribution Agreement



Proposed Fund Name: _____

Donor Information:

Name

Address

City State Zip Code

Telephone

Email Address

Date of Birth

Social Security #

Driver's License #

Driver's License State

Occupation

Name

Address

City State Zip Code

Telephone

Email Address

Date of Birth

Social Security #

Driver's License #

Driver's License State

Occupation

Distributions:

- If distributions are not to be made perpetually, for how many years are distributions to be made? _____
- Are distributions to be made annually, semi-annually, or quarterly? _____
- **Annual Payout:** Indicate the **total** aggregate amount to be annually distributed to **all** the named Charitable Beneficiary(s). (i.e., 5% of the fund's market value at calendar year end): _____

Charitable Beneficiaries:

Organization Name

Address

City State Zip Code

Share of Annual Payout (as noted in previous section)

EIN (if known)

Organization Name

Address

City State Zip Code

Share of Annual Payout (as noted in previous section)

EIN (if known)

- To add additional organizations, please provide the required information for each organization.
- If more than one charitable beneficiary is designated, the percentage shares must total 100%.
- Upon termination, the remaining assets of the fund will be distributed to the organizations named in this section in the same stated percentages, unless otherwise specified in an attachment to this document.

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Initial Contribution Information:

Anticipated amount of initial contribution: \$ _____

Will this contribution be cash? Yes No

If not cash, please describe the asset(s) intended to be contributed: _____

Please describe the source of the funds for the initial contribution: _____

Do you expect to make any additional contributions to this fund? Yes No

If yes, please describe the type of contributions you expect to make, including the type of assets, frequency, and amounts of the expected future contributions: _____

Acceptance of Terms

By signing this form I authorize the Comerica Charitable Trust, a public charity recognized under Section 501(c)(3) of the Internal Revenue Code, to establish a Donor Designated Fund. I have received the *Donor Designated Fund Circular*, and I understand that I am responsible for reading it. I agree to be legally bound to the *Donor Designated Fund Circular's* terms and conditions, as currently in effect and as amended from time to time, and the terms and conditions set forth in all related forms. I understand that any contributions I make to the Comerica Charitable Trust are irrevocable contributions that are not refundable to me for any reason. Once the contributions have been accepted, they are the property of the Comerica Charitable Trust. I understand that no grants may be made to private non-operating foundations, to satisfy a pledge, for any private benefit (dues, benefit tickets, etc.) or to support any political campaign activities. I understand that the Comerica Charitable Trust will charge charitable administration and investment management fees in accordance with its standard procedures. To the best of my knowledge, all information enclosed is accurate, and I will immediately notify the Comerica Charitable Trust if any changes occur. My signature below constitutes my agreement and acceptance of all terms, conditions and features selected in all parts of this application, and in all related forms.

Donor Date Donor Date