

YouthLink Opportunities for Hope Fund



The American Gift Fund Gift Information Application

Information about the donor(s)

Donor's name	Social Security or Tax ID no.	
--------------	-------------------------------	--

Daytime phone number	Date of birth	Place of birth
----------------------	---------------	----------------

Address – Street & number

City	State	Zip Code
------	-------	----------

Nature of business	Employed by/Length of employment
--------------------	----------------------------------

Joint donor's name	Social Security or Tax ID no.
--------------------	-------------------------------

Daytime phone number	Date of birth	Place of birth
----------------------	---------------	----------------

Address – Street & number

City	State	Zip Code
------	-------	----------

Nature of business	Employed by/Length of employment
--------------------	----------------------------------

How would you like to be addressed in correspondence? *For example, do you prefer "Mr. and Mrs. John Smith" or "John and Jane Smith"?*

Donor's account title

You may select any title for the account you wish, and you may include your name or any other name in the title.
(For example: "The Smith Family Charitable Fund")

Initial contribution

(Minimum: \$25,000) \$

Check payable to "The American Gift Fund"
Securities – Please use Authorization to Transfer to AGF Form

Recommended investment of initial contribution

Please invest my initial contribution as follows:

Please check one.

- Growth Objective** – Seeks long-term growth of capital by investing in a diversified portfolio of common stocks across the market capitalization and growth spectrums, including prudent exposure to international markets and real estate investment trusts.
- Total Return Objective** – Seeks steady growth by combining the growth objective with a preservation objective.
- Preservation Objective** – Seeks to preserve value by investing in corporate and U.S. government bonds.

Successor and Substitute Grant Advisors and Other Options

Successor or Substitute Advisors may be (a) one or two individuals, including a spouse, relative or another individual, who have reached the age of 18, (b) a corporation or (c) a qualified charity.

- A. Successor Grant Advisors** – You may designate advisors to make recommendations of grants to qualified charities after the death of the surviving Donor.
If you are designating Successor Advisors, check here.
- B. Substitute Grant Advisors** – You may designate advisors to serve instead of yourself.
If you are designating Substitute Advisors, check here.
- C. Other Options** – You may designate YouthLink as the charity to receive remaining assets at donor’s death.

Information about the Successor or Substitute Advisors		
1. Name		
Relationship to donor, if individual	Social Security or Tax ID no.	
Date of birth	Daytime phone number	
Address – street & number		
City	State	Zip Code

2. Name		
Relationship to donor, if individual	Social Security or Tax ID no.	
Date of birth	Daytime phone number	
Address – street & number		
City	State	Zip Code

If the above advisors will serve one after the other, check here.

If the above advisors will serve jointly, check here.

Important information about procedures for establishing a Donor Advised Account

Under the policies of the American Gift Fund and, in accordance with the anti-money laundering regulations that apply to the financial institutions that provide services to the American Gift Fund, we MUST obtain, record and may verify identifying information for each individual or entity who establishes a Donor Advised Account at the American Gift Fund and other parties who contribute or have access to the Donor Advised Account.

What this means for you: When the American Gift Fund opens a Donor Advised Account, we will ask for specific information such as name, address, date of birth and other identifying information that will allow us to identify the parties with access to the Donor Advised Account. We may also ask to see individual personal identification cards such as drivers licenses or other identifying documents and we may verify the information that is contained in those documents to ensure the purpose of the donation is genuine.

“The American Gift Fund’s Board will have ultimate control and governance responsibility for all aspects of the Fund. The American Gift Fund shall have the power to modify any restriction or condition on the distribution of funds for any purpose or to any organization that is set forth herein or in any other document in connection with the Fund if, in the sole judgment of the American Gift Fund, any such restriction or condition becomes unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the non-profit community.”

Signatures

I acknowledge that I have received and read The American Gift Fund Program Description and Disclosure Memorandum and agree to its terms and/or conditions described therein. I understand that any contribution, once accepted by the Trustee, represents an irrevocable contribution to The American Gift Fund and is not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this application is accurate and I will notify The American Gift Fund promptly of any changes.

Donor signature	Date
-----------------	------

Donor signature	Date
-----------------	------