

7. Beneficiary Charitable Organization

%

NAME OF ORGANIZATION

STREET ADDRESS

CITY

STATE

ZIP

FEDERAL TAX ID NUMBER (IF KNOWN)

PHONE NUMBER

8. Beneficiary Charitable Organization

%

NAME OF ORGANIZATION

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CITY

STATE

ZIP

FEDERAL TAX ID NUMBER (IF KNOWN)

PHONE NUMBER

TOTAL ALLOCATION MUST ADD UP TO

100%

3. SIGNATURES REQUIRED: (All donor-advisors must sign below)

DONOR-ADVISOR #1 SIGNATURE

DONOR-ADVISOR #1 NAME (print)

DATE

DONOR-ADVISOR #2 SIGNATURE

DONOR-ADVISOR #2 NAME (print)

DATE

DONOR-ADVISOR #3 SIGNATURE

DONOR-ADVISOR #3 NAME (print)

DATE