

## **Memorandum of Charitable Intent**

	regarding charitable distributions fro	
	Estate ofto Community Foundation of the Nort	:h State
carrying out the philanthr Donor instructs the asset( charitable purposes:	s as a guide to Community Foundation of opic intentions ofs) directed from their estate to the Fou	(Donor).
1. Additions to existing Fo		
	to the Fund for the North State	
Amount/%:	to the	(specify fund)
2. New Fund to be create	ed at the Foundation:	
Amount/%:	Fund Type: (s	specify DAF, Scholarship, Designated, Field of Interest)
If a DAF, specify nar	ne(s) of advisor(s):	
Fund to be Named:		
	vard Criteria:	
·		
	ion does not meet the Community Foundat I be added to a Foundation fund which mos to the following:	_
Amount/%:		
Organization Name:		
Organization Addres		
EIN:		
Amount/%:		
	<del></del>	
	55:	
EIN:		
received, the Donor wishes  divided equally given instead to added to the following	ation listed in Section 3 is no longer a qualif that portion be: among the other organizations and/or fund  llowing Foundation fund:	ds named above _ (specify organization/EIN)



## **DISCLOSURES**

Gift Acceptance: All gifts are subject to the Community Foundation Gift Acceptance Policies.

**Bequest Fee:** All bequests are subject to a one-time fee upon receipt to assist in covering costs related to administering the bequest, and to support the Community Foundation's programs and services. The fee, set by the Foundation board of directors, is currently 1%.

Variance Power: This Memorandum, like all instruments of transfer creating or adding to a fund of the Foundation, is subject to Variance Power. In accordance with the Bylaws and Treasury Regulation Section 1.170A-9(f)(11)(v)(B)(1), should distributions from the Fund become impossible to accomplish, impractical, or inconsistent with identified needs, the Foundation's board of directors may use its variance power to ensure that the Fund's distributions are consistent with the charitable needs of the community.

## **Review and Confirmation**

I, the undersigned, have reviewed this Memorandum of Charitable Intent and confirm that it reflects my wishes. I understand that I have the right to update this Memorandum at any time.

I understand that I am now a member of the Foundation's Legacy Society and will be included in periodic mailings and events to celebrate the impact of philanthropy in the North State. Please check here  $\square$  if you wish to remain anonymous.

Donor Signature	Date	
Name		
Address		
City, State Zip		
Phone	Email	
Received by the Community Foundation of th	ie North State	
Signature	 Date	