

Harris Charitable Fund Program

Donor Application

For Private Foundations and Companies

Complete this form and a Contribution Agreement for Private Foundations and Companies to make your first contribution of \$25,000 or more and to open a donor-advised fund under the Harris Charitable Fund Program, administered and sponsored by National Philanthropic Trust (NPT). A Corporate Resolution should accompany this form and will remain in effect until NPT is notified in writing that it has been revoked. Additional forms are available at www.HarrisCharitableFund.com. You may also contact NPT toll free at (888) 344-3454.

1. Donor-Advised Fund Information

Choose a name for your donor-advised fund. You can name it for your organization ("The ABC Corporation Fund" or "The ABC Foundation"), in memory of someone, or for a particular charitable purpose ("The ABC Endowment Fund").

Fund Name

Primary Advisor

2. Foundation/Company/Organization Information

Identify the organization donating assets to establish this donor-advised fund.

Organization Name

Primary Telephone #

Street Address

City

State/Zip

3. Authorized Officer

Identify the individual who is authorized to view donor-advised fund information, and to recommend grants and investment allocations on behalf of the organization.

Mr. Mrs. Ms. Dr.

First Name, MI, Last Name

Title

Signature

Primary Telephone #

Email

4. Secondary Officer

In the event that the Authorized Officer is unavailable, or is no longer able to be reached, the Secondary Officer will assume the authority to view donor-advised fund information and recommend grants and investment allocations. All communications will be routed through this individual until NPT is informed in writing of a new Authorized Officer.

Mr. Mrs. Ms. Dr.

First Name, MI, Last Name

Title

Signature

Primary Telephone #

Email

5. Investment Pool Allocation

You can recommend that your contribution be allocated to one of the following pools (investment pool information can be found in the Harris Charitable Fund Program Guidelines). Failure to recommend a pool will result in the contribution being invested in the highly conservative pool.

Capital Growth

Moderate

Income

Highly Conservative

6. Acknowledgement of Terms (This section must be signed by the Authorized Officer and Secondary Officer.)

I understand that my gifts of property are irrevocable and unconditional contributions when received and accepted by National Philanthropic Trust (NPT), and that NPT retains exclusive legal control over contributed assets. I acknowledge that I have read the Harris Charitable Fund Program Guidelines and agree to the terms and/or conditions contained therein. I certify that, to the best of my knowledge, all information in connection with this application is accurate and I will notify NPT in writing of any changes.

Authorized Officer Signature

Date (month/day/year)

Secondary Officer Signature

Date (month/day/year)

7. Return this completed form and other required documentation by mail or fax to:

Harris Charitable Fund Program c/o National Philanthropic Trust | 165 Township Line Road, Suite 150 | Jenkintown, PA 19046
Fax: (215) 277-3029