**Sample Donor Advised Fund language – Inter Vivos for WCF**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

Board of Directors

Community Funds, Inc.

909 Third Avenue

New York, New York 10022

Ladies and Gentlemen:

To constitute the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fund (hereinafter called the "Fund"), I hereby transfer, convey and pay over to Community Funds, Inc. (the "Foundation") for the public charitable, educational and scientific uses and purposes of its Westchester Community Foundation division the following sum or securities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

An Advisory Committee initially consisting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may recommend grants out of income and principal of the Fund (exclusively for public charitable, educational and scientific uses and purposes). Suggestions may be accepted or rejected, in whole or in part, by the Foundation in its sole and absolute discretion.

The Foundation is authorized to accept other contributions to the Fund on terms substantially similar to those set forth herein, provided the property contributed is acceptable to the Foundation. We understand and agree that the Fund must exist for a minimum of five years and will maintain a minimum balance of at least $5,000 at all times.

We may recommend a change in the name of the Fund, which recommendation may be accepted or rejected by the Foundation in its sole and absolute discretion.

We do not intend by this letter or any suggestion that we, the Advisory Committee or anyone else may make, to limit in any way the powers which the Foundation derives from its Certificate of Incorporation, By-Laws or otherwise.

Your countersigning and returning the attached copy of this letter will indicate acceptance of the above.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted:

COMMUNITY FUNDS, INC.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_