**Sample Field-of-Interest Fund language – Inter Vivos for WCF**

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

Board of Directors

Community Funds, Inc.

909 Third Avenue

New York, New York l0022

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 Foundationdivision the following sum or securities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I desire that the annual distribution amount as determined by the Foundation in accordance with its spending policy be used for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [describe field(s), such as the environment, arts, child welfare].

I understand and agree that these purposes may be modified or released in whole or in part in the event that it shall appear to the Board of Directors of the Foundation that circumstances have so changed since the date hereof as to render unnecessary, undesirable, impractical or impossible a literal compliance with the terms of this instrument, and that, in such event, the Directors may at any time or from time to time direct the application of this gift to such other charitable purposes as, in their judgment, will most effectually accomplish the general charitable purposes of the Foundation.

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.

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

Very truly yours,

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

Accepted

COMMUNITY FUNDS, INC.

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

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

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