Contact us with questions

Toll-free: 1.800.810.0366

donorsupport@iGiftFund.org

Fill-in PDF form available at www.iGiftfFund.org/forms

Make a Contribution Form

Use this form to contribute to a donor-advised fund. Contributions are irrevocable upon acceptance by the Independent Charitable Gift Fund. If you require additional space, please include additional sheets. For more information, please refer to our **Program Description and Guidelines** booklet. Initial contribution must be \$5,000 or more. Additional contributions must be \$1,000 or more.

Donor-Advised Fund Information

Provide the donor-advised fund information to the Independent Charitable Gift Fund

Account Number	Account Name

Provide the Independent Charitable Gift Fund with information to identify owners of the assets being donated.

Donor A					
Gender	Name salutation, first, middle	e initial, last			
🗌 Male 📄 Female					
Birth date mm-dd-yyyy		Preferred phone			
Primary address or P.O. Box n	umber *				
City			St	tate	Zip
Email address		Preferred m	nethod of	f contact] Phone

Donor B

Gender	Name salutation, first, middl	e initial, last			
🗌 Male 📄 Female					
Birth date mm-dd-yyyy		Preferred pho	ne		
Primary address or P.O. Box n	umber *				
City				State	Zip
Email address			Preferred method	l of contact	Phone

* The Independent Charitable Gift Fund will send a tax substantiation letter to this address.

2 Contribution Type

Initial contributions must be \$5,000 or more. Additional contributions must be \$1,000 or more.

□ \$	Check: If check, make payable to the Independent Charitable Gift Fund, FBO the Fund # on the check.	"your Fund Name" and include
	List stocks, bonds, and mutual funds, or attach an additional sheet.	
	Description of the Security/Assets	Approximate Value
	Description of the Security/Assets	Approximate Value
	Description of the Security/Assets	Approximate Value
		Total Approximate Value
	Other Assets If you wish to contribute an asset other than cash or publicly traded s discuss the review process 1-800-810-0366.	ecurities, please call us to

3 Related Donors

IRS guidelines require the Independent Charitable Gift Fund to track its donations from related parties. List below the names of any relatives (or organizations on whose behalf you have the authority to act) who have donated to the Independent Charitable Gift Fund.

Related Party

Name salutation, first, middle initial, last
Relationship to donor

4 Required Signatures

By signing below, I authorize the transfer of the assets described in Section 2 to the Independent Charitable Gift Fund. I acknowledge that my gift of the property described in Section 2 will be irrevocable and unconditional when received and accepted by the Independent Charitable Gift Fund. I acknowledge that I have read and agree to abide by the terms and conditions set forth in the Independent Charitable Gift Fund's **Program Description and Guidelines** booklet, which will be amended from time to time. I hereby certify, to the best of my knowledge, that all information presented in connection with this form and contribution is accurate, and that I will notify the Independent Charitable Gift Fund promptly of any changes. I confirm that I have the full authority to enter into this agreement or to recommend a grant from another donor-advised fund wherein the sponsoring organization is the owner of the funds transferred to the Independent Charitable Gift Fund.

Donor Advisor A Name (print)	
Donor Advisor A Signature	Date mm/dd/yyyy
Donor Advisor B Name (print)	
Donor Advisor B Signature	Date mm/dd/yyyy

Return this completed form by email, fax, or mail to: iGiftFund | donorsupport@iGiftFund.org | Fax: 330.362.9925 5 E Main St, Hudson, OH 44236 | Phone: 1.800.810.0366 Print