

# Girl Scouts River Valleys Donor Contribution Agreement



## Instructions

Please return this completed, signed agreement to Sara Shaw Meyer at [sara.shawmeyer@girlscoutsrv.org](mailto:sara.shawmeyer@girlscoutsrv.org). If you have any questions or need assistance, please call us at (651) 251-1242. Before completing this document, please:

1. Read the Girl Scouts River Valleys Donor Circular and Disclosure Statement ("Donor Circular"). The Donor Circular includes important information on your *irrevocable, nonrefundable* contribution and features of the program.
2. Consult your tax and/or legal advisor before contributing to Morgan Stanley GIFT.

## Please note:

- You will receive a charitable income tax deduction receipt. A deduction will not be available to you until transferred assets have been received by Girl Scouts River Valleys
- The minimum initial contribution is \$10,000.
- Market conditions may affect your actual contributed amount.

## Contribution Request

I am making a donation to Girl Scouts River Valleys of the property described in Section F (Gift Information). I request, but do not require, that Girl Scouts River Valleys use this donation to make a grant to the donor advised fund at Morgan Stanley Global Impact Funding Trust, Inc. ("Morgan Stanley GIFT") described below.

### A. Donor Information (required section)

New Donor Account     Make Change to Existing Donor Account

#### 1. Individual Donor or Joint Donors

##### Primary Donor (receives account statement)

\_\_\_\_\_  Mr.    Mrs.    Ms.

FIRST NAME                      MIDDLE INITIAL                      LAST NAME

\_\_\_\_\_

STREET ADDRESS                      CITY                      STATE                      ZIP CODE

\_\_\_\_\_

HOME TELEPHONE                      BUSINESS TELEPHONE                      SOCIAL SECURITY NUMBER                      DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_

EMAIL ADDRESS

*Instructions for online access will be sent to you via email.*

##### Secondary Donor

\_\_\_\_\_  Mr.    Mrs.    Ms.

FIRST NAME                      MIDDLE INITIAL                      LAST NAME

\_\_\_\_\_

STREET ADDRESS                      CITY                      STATE                      ZIP CODE

\_\_\_\_\_

HOME TELEPHONE                      BUSINESS TELEPHONE                      SOCIAL SECURITY NUMBER                      DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_

EMAIL ADDRESS

## 2. Trust, Corporation or Other Entity

TAXPAYER ID NUMBER

TRUST/INCORPORATION DATE

TRUST NAME

FULL LEGAL NAME OR CORPORATION/BUSINESS ENTITY

STREET ADDRESS

CITY

STATE

ZIP CODE

BUSINESS TELEPHONE

TRUSTEE/AUTHORIZED SIGNOR NAME, POSITION AT FIRM

EMAIL ADDRESS

*Instructions for online access will be sent to you via email. No unsolicited emails will be sent to you. Please refer to the Privacy Policy Statement in the Donor Circular.*

### B. Personalize the Donor Account (required section)

*You may name the Donor Account after your family or any other name that you choose. When each grant is approved, you may elect to have the accompanying letter to your recommended charity contain the Donor Account name. The Donor Account name may not exceed 45 characters.*

ACCOUNT NAME

### C. Name Advisor(s)

*Donors are advisors by default, so they do not need to name themselves as advisors in this section. You may name individuals who will have the authority to decide which charitable organizations(s) to make grants to and to enter grant recommendations for your donor account. If you do not wish to name an advisor, please skip to Section D.*

#### Advisor 1

FIRST NAME MIDDLE INITIAL LAST NAME  Mr.  Mrs.  Ms.

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

BUSINESS TELEPHONE

EMAIL ADDRESS

#### Advisor 2

FIRST NAME MIDDLE INITIAL LAST NAME  Mr.  Mrs.  Ms.

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

BUSINESS TELEPHONE

EMAIL ADDRESS

## D. Gift Information

Please review the Donor Circular for information on assets that Morgan Stanley GIFT may accept.

### 1. Cash

\$ \_\_\_\_\_  
DOLLAR AMOUNT

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

### 3. Securities Held in a Morgan Stanley

#### Account Name of Security 1

\_\_\_\_\_  
CUSIP (REQUIRED)

\_\_\_\_\_  
TICKER (REQUIRED)

\_\_\_\_\_  
NUMBER OF SHARES/BOND/MUTUAL FUNDS

\_\_\_\_\_  
MORGAN STANLEY ACCOUNT NUMBER

\_\_\_\_\_  
APPROXIMATE VALUE

#### Name of Security 2

\_\_\_\_\_  
CUSIP (REQUIRED)

\_\_\_\_\_  
TICKER (REQUIRED)

\_\_\_\_\_  
NUMBER OF SHARES/BOND/MUTUAL FUNDS

\_\_\_\_\_  
MORGAN STANLEY ACCOUNT NUMBER

\_\_\_\_\_  
APPROXIMATE VALUE

### 5. Donation from Another Charitable Vehicle

Please complete this section if you are interested in making an IMMEDIATE transfer. Please contact Girl Scouts River Valleys if you wish to make a FUTURE contribution from a charitable vehicle.

\_\_\_\_\_  
NAME OF CHARITABLE VEHICLE

\_\_\_\_\_  
DESCRIPTION

\_\_\_\_\_  
DOLLAR AMOUNT

## E. Investment Recommendation

Please recommend an asset allocation for your donor account. More complete information on the allocation pools may be found in the Donor circular. Please note that the percentage(s) inserted below must add up to 100%.

\_\_\_\_\_ % Aggressive

\_\_\_\_\_ % Growth

\_\_\_\_\_ % Balanced

\_\_\_\_\_ % Conservative

\_\_\_\_\_ % Investing with Impact Aggressive

\_\_\_\_\_ % Investing with Impact Balanced

\_\_\_\_\_ % ETF Equities

\_\_\_\_\_ % ETF Fixed Income

\_\_\_\_\_ % Money Market Pool

Please note: If you do not recommend an asset allocation your contribution will be invested as follows: 100% Balanced

## F. Administration of the Account

The assets of my account will be distributed for charitable purposes, and shall be administered pursuant to the Donor Circular and the governing instruments of Girl Scouts River Valleys and Morgan Stanley GIFT as they may be amended from time to time.

I understand that no grants may be made to private non-operating foundations, to satisfy a pre-existing pledge, for any private benefit or to

support any political campaign activities. I also understand that the Board of Directors of Morgan Stanley GIFT remains the final authority to determine the amount and recipient of any grant and that grant recommendations do not have to be followed.

I understand that if no grant recommendations are made for a period of five years, the Board of Directors may terminate any further right to make recommendations on the part of the donor(s). In such event, it would be my recommendation that grants be made to Girl Scouts River Valleys

I understand that Morgan Stanley GIFT will charge administration fees against the account and pay investment management, advisory, and administrative fees in accordance with its standard procedures.

## G. Acknowledgement and Signature

Girl Scouts River Valleys is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Girl Scouts River Valleys receives contributions from various donors which become subject to the control of Girl Scouts River Valleys Girl Scouts River Valleys, in its discretion, may contribute property from time to time to Morgan Stanley GIFT for the purposes of establishing "private label" donor advised funds in the name of Girl Scouts River Valley's own donors.

Morgan Stanley GIFT is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and a donor advised fund. Various divisions of Morgan Stanley Smith Barney, LLC provide investment management and administrative services to Morgan Stanley GIFT. All contributions to Girl Scouts River Valleys are irrevocable and non-refundable. Contributions and all related future earnings, including any income and appreciation thereon, are no longer the donor's assets; they are the property of Girl Scouts River Valleys While we believe that a private label donor advised fund provides a valuable philanthropic opportunity, contributions for such funds are not appropriate for everyone. Please see the Donor Circular for more complete information on the Girl Scouts River Valleys private label donor advised fund, including a description of risks, fees and expenses.

By signing this form, I request that Girl Scouts River Valleys use my donation to make a contribution to a donor account established by Morgan Stanley GIFT with terms like those described in this agreement. **I have received the Donor Circular and I understand that I am responsible for reading it. I agree that my donor account shall be legally bound by the Donor Circular's terms and conditions, as currently in effect and as amended from time to time, and the terms and conditions set forth in all related forms.**

I understand that any contributions I make to Girl Scouts River Valleys are irrevocable and nonrefundable to me for any reason. I realize that any dividend, interest and capital gains generated from my donations belong to Girl Scouts River Valleys Therefore, I cannot and will not claim that income as additional tax deductions. Once my contributions have been accepted, they are the property of Girl Scouts River Valleys governed by an independent Board of Directors. I understand that Girl Scouts River Valleys is under no obligation to make grants to a donor advised fund maintained by Morgan Stanley GIFT or any other sponsoring organization. I understand that Morgan Stanley GIFT investments could sustain a loss which would lead to there being less money to grant than Morgan Stanley GIFT originally received from Girl Scouts River Valleys **I am aware that any recommendations that I suggest will be considered but are subject to approval by the Board of Directors of Morgan Stanley GIFT concerning the investment selections, grants and award to any charitable organization.**

**I understand that the Consulting Group Select UMA and Money Market Account pools may lose money. I understand that market conditions may affect the actual contributed amount.**

To the best of my knowledge, all information enclosed is accurate and I will immediately notify Morgan Stanley GIFT if any changes occur. My signature below constitutes my agreement and acceptance of all terms, conditions and features selected in all parts of this application, and in all additional forms. SIGNATURES ARE REQUIRED FROM ALL DONORS LISTED ON THE ACCOUNT.

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DONOR NAME

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DONOR SIGNATURE

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DATE

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DONOR NAME

---

DONOR SIGNATURE

---

DATE