



## CHARTER CHARITABLE FOUNDATION - DONOR APPLICATION

Donations to Charter Charitable Foundation can include marketable securities (e.g. stocks & bonds), mutual funds, and checks. Your donation is fully tax-deductible, up to allowable Internal Revenue Service limits, and can be included on your federal income tax return. For donations of marketable securities, your donation is based on the market average (an average of the high value and low value) of the securities on the day the donation is received in good order. For mutual funds, your donation is based on the closing net asset value on the day the donation is received in good order. This amount will be provided to you by Charter Charitable Foundation. All donations to the program are irrevocable.

### Primary Donor

Mr. **Name:** \_\_\_\_\_  
 Mrs. **Address:** \_\_\_\_\_  
 Ms. **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_  
 Dr. **Phone Numbers(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Other **Email Address:** \_\_\_\_\_  
**Social Security / Tax ID Number** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_  
**Drivers license Number & State of issue** \_\_\_\_\_

### Joint Donor

Mr. **Name:** \_\_\_\_\_  
 Mrs. **Address:** \_\_\_\_\_  
 Ms. **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_  
 Dr. **Phone Numbers(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Other **Email Address:** \_\_\_\_\_  
**Social Security / Tax ID Number** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_  
**Drivers license Number & State of issue** \_\_\_\_\_

### Naming Your Fund

**Fund Name:** \_\_\_\_\_

*Note: The name you select will be used at your discretion when communications with grantee organizations or, if you prefer to remain anonymous, will be used only for communications between Charter Charitable Foundation & you.*



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**Donation by Check or Wire Transfer**

I would like to donate \$\_\_\_\_\_ to Charter Charitable Foundation Fund and have enclosed my check or contacted Charter Charitable Foundation to initiate a wire transfer.  
*Please make checks payable to Charter Charitable Foundation.*

**Gifts of Mutual Funds**

I would like to donate to Charter Charitable Foundation the mutual funds listed below by transferring them in-kind to the Charter Charitable Foundation. *(please contact us for instructions)*

<i>Account Number</i>	<i>Name of Mutual Fund Being Donated in Kind</i>	<i>No. of Shares</i>	<i>Approx. Dollar Amount</i>

Name of Firm Holding Your Assets: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

*Please enclose your most recent account statement from the financial institution holding the mutual funds you are donating.*

**Gifts of Securities Held at a Financial Institution**

I would like to donate to Charter Charitable Foundation the securities listed below by transferring them in-kind to Charter Charitable Foundation. *(please contact us for instructions)*

<i>Name of Securities Being Donated in Kind</i>	<i>No. of Shares</i>	<i>Approx. Dollar Amount</i>

Name of Firm Holding Your Assets: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

*Please provide a contact name at the brokerage firm or financial institution holding your assets. You must also complete the Delivery Instructions form.*



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**Gifts of Securities Held in your Personal Possession**

I would like to donate to Charter Charitable Foundation the securities listed below by transferring them in kind to Charter Charitable Foundation.

<i>Name of securities being donated in-kind</i>	<i>No. of shares</i>	<i>Approx. dollar amount</i>

Please send securities within your personal possession via registered, certified or overnight delivery to: Charter Charitable Foundation C/O Charter Trust Company 90 North Main Street, Concord, NH 03301

**Ensuring Your Legacy of Charitable Giving**

**Naming a successor:** Please indicate the person(s) you wish to succeed you as the individual(s) who may provide recommendations of charitable organization(s) on behalf of the primary donor(s). **NOTE:** If you name a joint donor, this person assumes all rights of the primary donor.

<i>Successor 1</i>	
<input type="checkbox"/> Mr.	<b>Name:</b> _____
<input type="checkbox"/> Mrs.	<b>Address:</b> _____
<input type="checkbox"/> Ms.	
<input type="checkbox"/> Dr.	<b>City</b> _____ <b>ST</b> _____ <b>Zip</b> _____
<input type="checkbox"/> Other	<b>Phone Numbers(s):</b> _____ - _____ - _____
	<b>Email Address:</b> _____
	<b>Relationship to Primary Donor:</b> _____

<i>Successor 2</i>	
<input type="checkbox"/> Mr.	<b>Name:</b> _____
<input type="checkbox"/> Mrs.	<b>Address:</b> _____
<input type="checkbox"/> Ms.	
<input type="checkbox"/> Dr.	<b>City</b> _____ <b>ST</b> _____ <b>Zip</b> _____
<input type="checkbox"/> Other	<b>Phone Numbers(s):</b> _____ - _____ - _____
	<b>Email Address:</b> _____
	<b>Relationship to Primary Donor:</b> _____



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**Naming a Charitable Beneficiary**

Should you choose not to name a successor, you may instead provide a recommendation of qualified charitable organizations.

**Recommended Beneficiary Organization 1**  
*Note: This is a non-binding recommendation*

**Organization Name:** \_\_\_\_\_

**Employer ID Number (EIN):** \_\_\_\_\_

**Requested percentage of remaining assets to be granted to this organization:** \_\_\_\_\_%

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Numbers(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Gift could be used for the specific purpose of (optional):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommended Beneficiary Organization 2**  
*Note: This is a non-binding recommendation*

**Organization Name:** \_\_\_\_\_

**Employer ID Number (EIN):** \_\_\_\_\_

**Requested percentage of remaining assets to be granted to this organization:** \_\_\_\_\_%

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Numbers(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Gift could be used for the specific purpose of (optional):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Signature** *(all registered owners of the donated assets must sign)*

I (we) hereby make the following donation with the full understanding that it represents an irrevocable donation to Charter Charitable Foundation, and that it will not be refunded to me in any manner. Furthermore, I make the donation with full understanding of my role as donor and acknowledge that Charter Charitable Foundation Board of Directors has complete control over the investments of my donation and its uses for charitable purposes. I also acknowledge that I have read completely the Program's policies and charitable registration disclosures as included in the Charter Charitable Foundation printed material. For gifts of marketable securities, the amount invested reflects the proceeds from the sale of securities based on the market value at the time the securities are sold, less the brokerage commission and all other applicable fees.

Primary Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_