



COMMUNITY FOUNDATION
FOR NANTUCKET

_____ Date

SAMPLE ORGANIZATION FUND

ESTABLISHING DOCUMENT

Community Foundation for Nantucket
Post Office Box 204
Nantucket, MA 02554

We, the _____ (“Organization”), hereby transfer cash or other property to establish the _____ (“Fund”) at the Community Foundation for Nantucket. The Organization and Foundation are each qualified charitable organizations.

The Community Foundation is authorized to accept additional contributions to the Fund subject to the terms set forth herein.

We intend that the income and principal of the Fund be distributed to the Organization for its unrestricted use. Such distribution may be made upon the Community Foundation’s receipt and approval of the written recommendation of ____ of the following officers of the Organization:

_____, _____ or
_____.

The Foundation maintains investment pools with varying risk and return objectives as described in the attached Investment Recommendation Form. All investment options are reviewed and approved by the Foundation’s Board of Trustees and may change from time to time as the Board determines. You may make recommendations to the Foundation for investment of your Fund in one or more of these pools. All recommendations must be in writing.

We hereby acknowledge receipt of the CFN Procedures for Establishment and Operation of Funds, Administrative Fee Schedule attached and accept the terms of said schedule. We further understand the fee schedule is subject to modification and may be increased or decreased at the

sole discretion of the Foundation' Board of Trustees. We agree to be bound by the most current schedule of fees published by the Foundation.

We have received copies and accept the terms of Articles 17.01 through 18.03 of the Bylaws of the Foundation. We also understand that the Foundation, through its duly authorized committees, reserves the right to make the final decision regarding distributions from the Fund.

In the event that the Organization and its legal successors cease to exist, we request that the Fund be converted to a field of interest fund from which grants will be distributed to charitable agencies providing similar services as currently being provided by the Organization.

Sincerely,

[ORGANIZATION NAME]

Signature, Executive Director CFN

Name (please print)

Signature, President CFN

Name (please print)

Signature, Chair, Org. Board of Directors

Name (please print)

Organization address

Organization city, state, zip

Organization phone