DONOR-ADVISED FUND APPLICATION



Thank you for your interest in establishing a Bon Secours Mercy Health Foundation Donor-Advised Fund and for providing the information below.

When your form is complete, please review, sign, and send it via mail or email to:

Bon Secours Mercy Health Foundation c/o Donor-Advised Fund 2525 Cherry Street | Toledo | Ohio | 43608

DAF@bsmhealth.org

DONOR INFORMATION

| Donor #1: | | |
|--------------------------------------|--------------------------|---|
| Mr./Mrs./Ms./Dr | | _ |
| | | |
| | | |
| | | |
| | | |
| | Date of Birth (optional) | |
| | | |
| Donor #2: | | |
| Mr./Mrs./Ms./Dr | | |
| Name of business (if corporate fund) | | |
| Address_ | | |
| City/State/Zip | | |
| | | |
| Email | | |

DONOR-ADVISED FUND APPLICATION

BON SECOURS MERCY HEALTH Foundation

FUND NAME

1

DONOR-ADVISED FUND APPLICATION



| 2 | Mr./Mrs./Ms./Dr |
|---|--|
| | Name of business (if applicable) |
| | Address |
| | City/State/Zip |
| | Phone |
| | Email |
| | |
| | INITIAL CONTRIBUTION |
| | Please provide us with information regarding your initial contribution to create the donor advised fund. |
| | Amount of Initial Contribution \$ |
| | Form of Gift (cash, stock, other) |
| | Estimated Date of Contribution |
| | |
| | SIGNATURE Please sign and date: |
| | DONOR #1 |
| | Date |
| | DONOR #2 |
| | Date |
| | |

Thank you. We look forward to working with you.