



DONOR APPLICATION FORM

INDIVIDUAL OR ORGANIZATION INFORMATION

NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT NUMBER:		EMAIL:		
SOCIAL SECURITY OR TAX ID NUMBER:				

If joint fund, please complete the following for second donor:

NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT NUMBER:		EMAIL:		
SOCIAL SECURITY OR TAX ID NUMBER:				

Name of Account (Fund): _____
 (e.g. The John and Mary Davis Family Foundation)

Amount of Gift \$ _____

Type of Fund Donor Advised Specific Purpose Endowment Field of Interest Funds Held for Others

If cash: Make check payable to **Butterfield Foundation (Memo: Charitable Gift)**

If non-cash: Description of asset(s) (e.g. stocks, bonds, real estate)

Cost basis of asset: \$ _____

Approximate market value: \$ _____

Date asset was acquired: _____

Location of asset: _____
 (e.g., stock certificate located at broker's office)

Ownership of asset(s): Joint Community Property Separate
 (If joint or community property, both donors need to sign on page 2.)

Statement preference Paper Electronic

I would like my fund to be visible on the BF website Yes No

INVESTMENT OF ASSETS HELD IN THIS ACCOUNT

Butterfield Foundation Charitable Gift Fund (BFCGF) is responsible for investment of all donated assets. To assist Butterfield Foundation toward proper asset allocation, please provide the following information relative to the Fund you are establishing.

Time horizon for account (i.e., number of months, years, or perpetuity)

Planned addition(s) to fund (yes/no)

If yes, how often?

Expected frequency and dollar amount(s) of grant recommendations, if known.

I acknowledge that I have read the BFCGF Description and agree to its terms and/or conditions described therein. I understand that the BFCGF Description incorporates all terms and/or conditions of the BFCGF, which is available for me to read at the BFCGF offices in Oklahoma City, Oklahoma. I agree to the provisions of the Fund Description. I understand that any contribution, once accepted by Butterfield Foundation, represents an irrevocable contribution to the BFCGF and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify the BFCGF staff in writing of any changes. (Please attach any additional donor signatures.)

Donor 1 Signature: _____ **Date:** _____

Donor 2 Signature: _____ **Date:** _____

FOR REQUIRED CUSTOMER IDENTIFICATION, PLEASE COMPLETE THE FOLLOWING:

DONOR 1 IDENTIFICATION TYPE:		ISSUER:	
IDENTIFICATION #:		EXP. DATE:	
DONOR 2 IDENTIFICATION TYPE:		ISSUER:	
IDENTIFICATION #:		EXP. DATE:	

Additional Comments: _____

Referral: How did you learn about the BFCGF? _____

Accepted by: _____ **Date:** _____
 President/CEO, Butterfield Foundation Charitable Gift Fund

This area for internal use Only:		
Date application rec'd: _____	Date link for online access sent: _____	Comments:
Profile Creation Date: _____	Profile entered by: _____	

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Website: www.butterfieldfoundation.org.