

# United Way of Central and Northeastern Connecticut Donor Contribution Agreement

United Way of Central and  
Northeastern Connecticut



## Instructions

Please return this completed, signed Donor Contribution Agreement to Lisa M. Cretella, at [lcretella@unitedwayinc.org](mailto:lcretella@unitedwayinc.org). If you have any questions or need assistance, please call us (860)-493-6882. Before completing this document, please:

1. Read the United Way of Central and Northeastern Connecticut Donor Circular and Disclosure Statement (“Donor Circular”). The Donor Circular includes important information about your **irrevocable, nonrefundable** contribution and features of the program.
2. Consult your tax and/or legal advisor before contributing.

### Please note:

- You will receive a charitable income tax deduction receipt. A deduction will not be available to you until your contribution has been received by United Way of Central and Northeastern Connecticut.
- **The minimum initial contribution is \$15,000.**
- Market conditions may affect your actual contributed amount.

## Contribution Request

I am making a donation to United Way of Central and Northeastern Connecticut, of the property described in Section F (Gift Information). I recommend that United Way of Central and Northeastern Connecticut 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

- New Account       Make Change to Existing Account

### 1. Individual Donor or Joint Donors

#### Primary Donor (receives account statement)

_____	_____	_____	<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> 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 to register for online access to your account will be sent via email.*

#### Secondary Donor

_____	_____	_____	<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> 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 OF CORPORATION/BUSINESS ENTITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ TRUSTEE/AUTHORIZED SIGNOR NAME, POSITION AT FIRM \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*Instructions to register for online access to your account will be sent via email.*

**B. Personalize Your Account (required section)**

*You may name your account after your family or any other name that you choose. When each grant is approved, the donor may elect to have the accompanying letter to the donor's recommended charity contain the donor's account name. The donor's 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. Advisors may **not** name additional advisors and will **not** succeed the donors unless they are also named in Section D as successor donors. 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



**F. Gift Information (required section)**

The minimum initial contribution is \$15,000. Please review the Donor Circular for information on assets that United Way of Central and Northeastern Connecticut and Morgan Stanley GIFT may accept. Market conditions may affect your actual contributed amount.

**1. Cash**

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

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION WHERE CASH IS HELD

**2. Securities**

**Name of Security 1**

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

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

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

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

\_\_\_\_\_  
ACCOUNT NUMBER

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

\_\_\_\_\_  
FINANCIAL SERVICES COMPANY NAME

**Name of Security 2**

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

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

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

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

\_\_\_\_\_  
ACCOUNT NUMBER

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

\_\_\_\_\_  
FINANCIAL SERVICES COMPANY NAME

**Market conditions may affect your actual contributed amount.**

You may contribute additional cash and/or publicly traded securities to United Way of Central and Northeastern Connecticut and request grants to the donor advised fund at any time by completing an Additional Contribution Agreement. The value of additional contributions must be a minimum of \$5,000. Donations of assets other than cash and/or publicly traded securities will require the advance approval of United Way of Central and Northeastern Connecticut and Morgan Stanley GIFT. Market conditions may affect your actual contributed amount.

**3. Donation from Another Charitable Vehicle**

Please complete this section if you are interested in making an IMMEDIATE transfer. Consult United Way of Central and Northeastern Connecticut if you wish to make a FUTURE contribution from a charitable vehicle.

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

\_\_\_\_\_  
DESCRIPTION

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

**G. Administration of the Account**

I understand that the assets in the account will be distributed for charitable purposes and shall be administered pursuant to the Donor Circular and the governing instruments of United Way of Central and Northeastern Connecticut 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 additional contributions and no grant recommendations are made for a period of three 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 United Way of Central and Northeastern Connecticut.

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.

**H. Acknowledgement of Terms**

United Way of Central and Northeastern Connecticut is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. United Way of Central and Northeastern Connecticut receives contributions from various donors which become subject to the control of United Way of Central and Northeastern Connecticut. United Way of Central and Northeastern Connecticut, 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 United Way of Central and Northeastern Connecticut'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 United Way of Central and Northeastern Connecticut 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 United Way of Central and Northeastern Connecticut. 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 United Way of Central and Northeastern Connecticut private label donor-advised fund, including a description of risks, fees and expenses.

By signing this form, I request that United Way of Central and Northeastern Connecticut 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 United Way of Central and Northeastern Connecticut are irrevocable and nonrefundable to me for any reason. I realize that any dividend, interest and capital gains generated from my donations belong to United Way of Central and Northeastern Connecticut. Therefore, I cannot and will not claim that income as additional tax deductions. Once my contributions have been accepted, they are the property of United Way of Central and Northeastern Connecticut and are governed by an independent Board of Directors. I understand that United Way of Central and Northeastern Connecticut 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 United Way of Central and Northeastern Connecticut. **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.

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
DATE