

STERLING CHARITABLE GIFT FUND
APPLICATION

Section 1: Donor Information (Please Print)

Name	Phone Home: () - Business: () -
Company Name	Title
Mailing Address	Date of Birth / /
City State Zip	Social Security Number -- --
Email	Fax () -

Section 2: Additional Authorized person(s) to make recommendation on your behalf as to the Qualified Beneficiary(ies) of any contribution and/or to succeed on the account with full right as that of the original donor(s).

Name of Authorized Person(s) in order of preference [] or either one []	
a. _____	Phone: () - e-mail:
b. _____	Phone: () - e-mail:
c. _____	Phone: () - e-mail:

Section 3: Contribution (\$10,000 minimum initial gift) – Attach check. If you wish to transfer securities, circle one: Yes No
We will provide information on how to transfer securities.

Section 4: Signature(s) I acknowledge that I have read the Program Circular of the Charitable Gift Fund and agree to its terms and/or conditions described therein. I understand and agree that all contributions and/or recommendations for grants are subject to review and approval by the Trustees in their sole discretion. Contributions, once accepted by the Trustees, shall become irrevocable contributions to the Gift Fund and shall not be refundable to me. I hereby indemnify and hold harmless the Gift Fund, its Trustees, the investment manager, their agents, and nominees from any claims, losses, liabilities, or expenses (including reasonable counsel fees and expenses), except as they may arise from gross negligence or willful misconduct in the performance of their duties.

Donor's Signature	Date / /
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