

Acorn Fund Agreement

Community Foundation of West Texas
CFWTX.org

Name of Fund

e.g., Smith Family Fund or Horizon Fund

Affiliate: _____

Primary Contact Information

Name

Mailing Address

City State Zip

Preferred Phone Alt. Phone

Email Address

Additional Contact Information

Name

Mailing Address

City State Zip

Preferred Phone Alt. Phone

Email Address

I wish to establish a component fund within the Community Foundation of West Texas by utilizing an Acorn Fund plan.

Funding Date

I understand that the funding date may be no more than five years following the date of this document and that the value of the Acorn Fund must reach a minimum value of \$5,000 in that time. All contributions and income earned thereon will be accumulated in the Acorn Fund until the funding date. If the value requirement is met within five years, I prefer the funding date to occur when one of the following conditions is met:

____ The Acorn Fund reaches \$5,000 (The minimum for creating a component fund.)

____ The Acorn Fund reaches \$ _____ (other amount, greater than \$5,000)

____ None of the above (The funding date will occur five years following the date of this document)

I wish to build the Fund as follows:

____ Initial deposit of \$ _____ (\$1,000 minimum)

____ Monthly deposits of \$ _____

____ Annual deposits of \$ _____

____ Other: _____

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Acknowledgement and Signatures

I understand that if on the Funding Date the value of the Acorn Fund does not equal or exceed the Funding Minimum, the Foundation may in its discretion liquidate the Acorn Fund and distribute the balance thereof to the Foundation's general fund or for such other purposes as the Community Foundation's board of directors may determine.

I understand any contribution, once accepted by the Community Foundation's board of directors, represents an irrevocable gift to the Community Foundation of West Texas. The Community Foundation's board of directors has variance power under IRS regulations and this gift is not refundable to me.

I hereby certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Community Foundation of West Texas promptly of any changes.

Signature

Signature

Print Name

Print Name

Date

Date

The Community Foundation of West Texas Signature

President Signature

Date

Print Name

Authorized Board Member Signature

Date

Print Name

Title

Special Instructions: