



# American Cancer Society Donor Contribution Agreement

## Instructions

Please return this completed, signed Donor Contribution Agreement to [brent.chambers@cancer.org](mailto:brent.chambers@cancer.org). If you have any questions or need assistance, please call us at (804) 527-3784. Before completing this document, please:

1. Read the American Cancer Society Donor Circular & Disclosure Statement (the "Donor Circular"). The Donor Circular contains important information on your *irrevocable, nonrefundable* contribution and explains the 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 assets have been received by American Cancer Society.
- **The minimum initial contribution is \$10,000.**
- Market conditions may affect your actual contributed amount.

## Contribution Request

I am making a donation to American Cancer Society of the property described in Section F of this Agreement. I request, but do not require, that American Cancer Society use this donation to make a grant to the donor advised fund at Morgan Stanley Global Impact Funding Trust, Inc. ("MS GIFT") described below.

### A. Donor Information (required section)

- New Account       Make Change to Existing Account

#### 1. Individual Donor or Joint Donors

##### Primary Donor (receives account statement)

MR.    MRS.    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 to the email address provided above.*

##### Secondary Donor

MR.    MRS.    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

## 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 the account. Advisors may **not** name additional advisors. 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

## D. Recommend an Asset Allocation (required section)

Please recommend an asset allocation for your donor account. More complete information on the allocation pools may be found in the Donor Circular. Please note that the percentage(s) inserted below must add up to 100%. If no asset allocation is recommended, the funds in the account will be invested in the balanced pool.

- |   |  |
|---|--|
| 1. _____% Aggressive Investment Pool (100% Equities)                    | 6. _____% Investing with Impact Balanced Pool (50% Equities, 50% Fixed Income) |
| 2. _____% Growth Investment Pool (65% Equities, 35% Fixed Income)       | 7. _____% ETF Equities Pool (100% Equities)                                    |
| 3. _____% Balanced Investment Pool (50% Equities, 50% Fixed Income)     | 8. _____% ETF Fixed Income Pool (100% Fixed Income)                            |
| 4. _____% Conservative Investment Pool (25% Equities, 75% Fixed Income) | 9. _____% Money Market Fund – Morgan Stanley Liquid Asset Money Market         |
| 5. _____% Investing with Impact Aggressive Pool (100% Equities)         |  |

## E. Gift Information (required section)

The minimum initial contribution is \$10,000. Please review the Donor Circular for information on assets that can be accepted. 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 the American Cancer Society and request grants to the donor advised fund at any time by completing an Additional Contribution Agreement. Donations of assets other than cash and/or publicly traded securities will require the advance approval of the American Cancer Society and Morgan Stanley GIFT.

### 3. Donation from Another Charitable Vehicle

Please complete this section if you are interested in making an IMMEDIATE transfer. Consult the American Cancer Society if you wish to make a FUTURE contribution from a charitable vehicle.

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

\_\_\_\_\_  
DESCRIPTION

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

**E. Administration of the Account**

The assets of the account will be distributed for charitable purposes and shall be administered pursuant to the Donor Circular and the governing instruments of the American Cancer Society and MS 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 MS 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 grant recommendations are made for a period of five years, the Board of Directors of MS GIFT may terminate any further right to make such recommendations. In such event, it would be my recommendation that grants be made to the American Cancer Society.

I understand that MS GIFT will charge administration fees against the account and pay investment management, advisory, and administrative fees in accordance with its standard procedures.

**F. Acknowledgement of Terms**

The American Cancer Society is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). American Cancer Society receives contributions from various donors which become subject to its control. American Cancer Society, in its discretion, may contribute property from time to time to MS GIFT for the purposes of establishing "private label" donor advised funds in the name of the American Cancer Society's own donors.

MS GIFT is an organization described in Section 501(c)(3) of the Code and a donor advised fund. Various divisions of Morgan Stanley Smith Barney, LLC provide investment management and administrative services to MS GIFT. All contributions to the American Cancer Society are irrevocable and non-refundable. Contributions and all related future earnings, including any income and appreciation thereon, are no longer the donor's assets; but are the property of American Cancer Society. 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 American Cancer Society private label donor advised fund, including a description of risks, fees and expenses.

By signing this Agreement, I request that the American Cancer Society use my donation to make a contribution to a donor account established by MS 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 the American Cancer Society are irrevocable and nonrefundable to me for any reason. I realize that any dividend, interest and capital gains generated from my donations belong to the American Cancer Society. Therefore, I cannot and will not claim that income as a subsequent tax deduction. Once my contributions have been accepted, they are the property of the American Cancer Society and are governed by MS GIFT's Board of Directors. I understand that the American Cancer Society is under no obligation to make grants to a donor advised fund maintained by MS GIFT or any other sponsoring organization. I understand that MS GIFT investments could sustain a loss which would lead to there being less money to grant than MS GIFT originally received from the American Cancer Society. **I am aware that any recommendations that I suggest will be considered but are subject to approval by the Board of Directors of MS 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 MS 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 Agreement, and in all additional forms. SIGNATURES ARE REQUIRED FROM ALL DONORS LISTED ON THE ACCOUNT.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE