Donor Application Form

Thank you for your interest in participating in the Giving Simple Foundation.

To begin the process, please complete the following information.

Personal Information

Primary Contact	
Organization *(if applicable)*	
Name	
Address	
Phone	
Email	
Secondary Contact	
Organization *(if applicable)*	
Name	
Address	
Phone	
Email	
Additional Contact	
Organization *(if applicable)*	
Name	
Address	
Phone	
Email	

Donation Information

We would like to create a sub fund in the name of [1]:

_____

Purpose of fund: _____

Donation Amount: $_____

NB: The minimum initial donation amount is $50,000

[1] *NB: Please note that your nominated sub fund name cannot include words "trust" or "" foundation*

In the case of your death or if you experience a mental incapacity or legal disability, we recommend you nominate a person to take over grant recommendations.

Succession Nomination

Contact	
Name	
Address	
Phone	
Email	
Relation	

Ongoing Donor Preferences

Please send all correspondence:

- ☐ Electronically
- ☐ By Post
- ☐ Annual Report by post and all other correspondence electronically

Public Recognition of my sub fund

- ☐ Include my sub fund name in the GSF Annual Report and letters to grant recipients
- ☐ I would prefer to remain anonymous

Collaboration with other funders

I am interested in collaborating with other donors to fund common causes or programs.

- ☐ Yes
- ☐ No

Philanthropy Discovery Package

We are pleased to offer donors initial advice and support on their giving journey. Our Philanthropy Discovery Package provides you with:

- A One-on-one advice consultation
- A tailored Philanthropy Plan encompassing:
  - Your giving purpose, mission and objectives
  - Your giving strategy, giving process and donation projections
  - Grant-making research and support
  - Guidelines on measuring your impact

- ☐ Yes, I am interested to learn more
- ☐ No, I am not interested

Acknowledgement Information

I/We have read the attached document for the Giving Simple Foundation and are bound by the provisions of the Deed of Trust and any other additional terms and conditions contained in this document.

I/We understand that donations form part of the Trust fund of GSF and once accepted by the Trustee represents an irrevocable donation to GSF and is not refundable to me/us.
I / We certify that I/we will not receive any benefit, directly or indirectly, from the charitable or community organizations recommended to receive grants from my/our sub-fund.

I/We understand that the Trustee ultimately decides which eligible organizations will benefit from each sub-fund and is under no legal obligation to follow my/our recommendation. I/We understand that the Trustee has full discretion over the granting and investments decisions for total assets held within GSF.
I/We acknowledge that assets will not be separately accounted for in statutory financial statements of GSF, although separate management accounts in respect to the assets will be maintained for the purpose of internal management and identification.

The Trustee of GSF has recommended that I/ we seek independent legal, accounting, taxation and financial advice.
GSF may be varied, wound-up and/or my/our sub-fund may cease to be maintained at any time.

Signature
_____

Date
_____

Next Steps: Please send your complete application to:

Post	Giving Simple Foundation GPO Box 3340 Brisbane QLD 4000
Email	givingsimplefoundation@ewmgroup.com.au