

Healthcare Foundation Endowment Gift Agreement

This Endowment Gift Agreement (the "Agreement") is made and entered into by and between the Donor(s) and the Healthcare Foundation specified below. The purpose of this Agreement is to establish a permanent endowment fund to support the healthcare mission of the Foundation.

1. Donor and Foundation Information

Donor Name(s):

Address:

City/State/Zip:

Phone Number:

Email Address:

Healthcare Foundation Name:

Representative Name:

Title:

2. Name of the Endowment Fund

The permanent endowment fund established by this Agreement shall be known as the:

(the "Fund").

3. Gift Commitment and Funding

The Donor hereby transfers, assigns, and delivers to the Foundation, or pledges to transfer to the Foundation, the following assets to establish the Fund:

Initial Gift Amount / Asset Description:

Estimated Date of Transfer:

Funding Schedule (if paid over time):

4. Purpose of the Fund

The net income and/or distributions from the Fund shall be used exclusively for the following purpose(s) in support of the Healthcare Foundation:

5. Administration and Investment of the Fund

The Fund shall be managed and administered by the Foundation in accordance with its investment policies, spending guidelines, and applicable state and federal laws (including the Uniform Prudent Management of Institutional Funds Act - UPMIFA). The Foundation shall have the authority to pool the assets of the Fund with other endowment assets for investment purposes.

6. Recognition and Reporting

The Foundation agrees to recognize the Donor's generosity in the following manner:

The Foundation will provide the Donor with an annual report detailing the financial status of the Fund, the investment performance, and the use of the distributed income.

7. Amendment and Alternative Use

If, in the future, the circumstances or needs of the Foundation change such that the designated purpose of the Fund becomes obsolete, impractical,

or impossible to fulfill, the Board of Directors of the Foundation, in consultation with the Donor if living, shall designate an alternative purpose that closely aligns with the Donor's original intent.

8. Acknowledgement and Signatures

By signing below, the parties agree to the terms and conditions set forth in this Agreement.

Donor Signature

Signature: _____

Printed Name:

Date:

Healthcare Foundation Signature

Signature: _____

Authorized Officer Printed Name:

Title:

Date: