

# Lifebridge Health Donor Contribution Agreement



Carroll Hospital  
Grace Medical Center  
Levindale  
Northwest Hospital  
Sinai Hospital

## Instructions

Please return this completed, signed agreement to JSimon@lifebridgehealth.org. If you have any questions or need assistance, please call us at (410) 601-4443. Before completing this document, please:

1. Read the Lifebridge Health Donor Circular and Disclosure Statement ("Donor Circular"). The Donor Circular includes important information on your *irrevocable, nonrefundable* contribution and features of the program.
2. Consult your tax and/or legal advisor before contributing to Morgan Stanley GIFT.

Please note:

- You will receive a charitable income tax deduction receipt. A deduction will not be available to you until transferred assets have been received by Lifebridge Health.
- The minimum initial contribution is \$10,000.
- Market conditions may affect your actual contributed amount.

## Contribution Request

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

### A. Donor Information (required section)

☐ New Donor Account ☐ Make Change to Existing Donor Account

#### 1. Individual Donor or Joint Donors

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

\_\_\_\_\_  
FIRST NAME                      MIDDLE INITIAL                      LAST NAME                      ☐ Mr. ☐ Mrs. ☐ Ms.

\_\_\_\_\_  
STREET ADDRESS                      CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
HOME TELEPHONE                      BUSINESS TELEPHONE                      SOCIAL SECURITY NUMBER                      DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
EMAIL ADDRESS  
*Instructions for online access will be sent to you via email.*

##### Secondary Donor

\_\_\_\_\_  
FIRST NAME                      MIDDLE INITIAL                      LAST NAME                      ☐ Mr. ☐ Mrs. ☐ Ms.

\_\_\_\_\_  
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 OR CORPORATION/BUSINESS ENTITY

STREET ADDRESS

CITY

STATE

ZIP CODE

BUSINESS TELEPHONE

TRUSTEE/AUTHORIZED SIGNOR NAME, POSITION AT FIRM

EMAIL ADDRESS

*Instructions for online access will be sent to you via email. No unsolicited emails will be sent to you. Please refer to the Privacy Policy Statement in the Donor Circular.*

### B. Personalize the Donor Account (required section)

*You may name the Donor Account after your family or any other name that you choose. When each grant is approved, you may elect to have the accompanying letter to your recommended charity contain the Donor Account name. The Donor 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 your donor account. Advisors may **not** name additional advisors and will **not** succeed the donors unless they are also named in Section D as successor donors. 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. Name Successor(s) to Donors (optional)

You may name individual successors to succeed you in advising on grant making for the Donor Account after the death or incapacity of all of the original donors. If you prefer to have a specific charity receive any remaining assets in your account after the death or incapacity of all of the original donors, please skip to Section E.

Special Instructions: Upon the death or incapacity of the original donor(s), please select one of the following options: (Required if more than one successor)

1 ☐ Successors 1 and 2 will succeed as donors of the Donor Account, share equal responsibility over the Donor Account, and may act jointly or separately.

2 ☐ Successors 1 and 2 will split the Donor Account into two (2) separate and equal accounts.

### Successor 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

### Successor 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

## G. Gift Information

Please review the Donor Circular for information on assets that Morgan Stanley GIFT may accept.

### ☐ 1. Cash

\$ \_\_\_\_\_  
DOLLAR AMOUNT                      NAME OF FINANCIAL INSTITUTION

### ☐ 3. Securities Held in a Morgan Stanley Account

#### Name of Security 1

\_\_\_\_\_  
CUSIP (REQUIRED)                      TICKER (REQUIRED)

\_\_\_\_\_  
NUMBER OF SHARES/BOND/MUTUAL FUNDS                      MORGAN STANLEY ACCOUNT NUMBER                      APPROXIMATE VALUE

**Name of Security 2**\_\_\_\_\_  
CUSIP (REQUIRED)\_\_\_\_\_  
TICKER (REQUIRED)\_\_\_\_\_  
NUMBER OF SHARES/BOND/MUTUAL FUNDS\_\_\_\_\_  
MORGAN STANLEY ACCOUNT NUMBER\_\_\_\_\_  
APPROXIMATE VALUE☐ **5. Donation from Another Charitable Vehicle**

Please complete this section if you are interested in making an IMMEDIATE transfer. Please contact Lifebridge Health if you wish to make a FUTURE contribution from a charitable vehicle.

\_\_\_\_\_  
NAME OF CHARITABLE VEHICLE\_\_\_\_\_  
DESCRIPTION\_\_\_\_\_  
DOLLAR AMOUNT**H. Investment Recommendation**

*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%.*

\_\_\_\_\_% Aggressive

\_\_\_\_\_% Growth

\_\_\_\_\_% Balanced

\_\_\_\_\_% Conservative

\_\_\_\_\_% Investing with Impact Aggressive

\_\_\_\_\_% Investing with Impact Balanced

\_\_\_\_\_% ETF Equities

\_\_\_\_\_% ETF Fixed Income

\_\_\_\_\_% Money Market Pool

Please note: If you do not recommend an asset allocation your contribution will be invested as follows: Money Market Pool.

## I. Administration of the Account

The assets of my account will be distributed for charitable purposes, and shall be administered pursuant to the Donor Circular and the governing instruments of Lifebridge Health and Morgan Stanley 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 Morgan Stanley 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 Morgan Stanley GIFT will charge administration fees against the account and pay investment management, advisory, and administrative fees in accordance with its standard procedures.

## J. Acknowledgment and Signature

Lifebridge Health is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Lifebridge Health receives contributions from various donors which become subject to the control of Lifebridge Health. Lifebridge Health, in its discretion, may contribute property from time to time to Morgan Stanley GIFT for the purposes of establishing "private label" donor advised funds in the name of Lifebridge Health's own donors. Morgan Stanley GIFT is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and is the sponsor of a donor advised fund. Various divisions of Morgan Stanley Smith Barney, LLC provide investment management and administrative services to Morgan Stanley GIFT.

All contributions to Lifebridge Health are irrevocable and non-refundable. Contributions and all related future earnings, including any income and appreciation thereon, are no longer the donor's assets; they are the property of Lifebridge Health. 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 Lifebridge Health private label donor advised fund, including a description of risks, fees and expenses.

By signing this form, I request that Lifebridge Health use my donation to make an additional contribution to my account named in this agreement, the administration of which is governed by an existing Donor Contribution Agreement. **I have received the Donor Circular and I understand that I am responsible for reading it. I agree to 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 Lifebridge Health are irrevocable and are nonrefundable to me for any reason. I realize that all dividends, interest, capital gains, or any other distributions generated from my donation belong to Lifebridge Health. Therefore, I cannot and will not claim that income as an additional tax deduction. Once my donation has been accepted, it is the property of Lifebridge Health. I understand that Lifebridge Health is under no obligation to make grants to a donor advised fund maintained by Morgan Stanley GIFT or any other sponsoring organization. I understand that Morgan Stanley GIFT investments could sustain a loss which would lead to there being less money to donate than Morgan Stanley GIFT originally received from Lifebridge Health. **I am aware that any recommendations I suggest will be considered but are subject to final approval by the Board of Directors of Morgan Stanley GIFT, concerning the investment selections, grants and award to any charitable organization.**

**I understand that the Select UMA Investment Pools and Money Market pool 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 Lifebridge Health if any changes occur. My signature below constitutes my agreement and acceptance of all terms, conditions and features selected in all parts of this application, and in all additional forms. SIGNATURES ARE REQUIRED FROM ALL DONORS LISTED ON THE ACCOUNT.

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DONOR NAME

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DONOR SIGNATURE

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DATE

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DONOR NAME

---

DONOR SIGNATURE

---

DATE