



GUIDESTREAM
CHARITABLE
GIFT FUND

SUCCESSOR ELECTION FORM

Donor name(s) _____

Account name _____

Daytime phone number _____

Successor Election: Donor(s) hereby name(s) the following individuals/organizations as successors with full privileges as donors:

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Business Phone _____

Social Security/Tax ID # _____

Date of Birth _____

Relationship to Donor _____

Percentage of Gift Fund Account to be given:
_____ %

OR

Dollar Amount to be given:
\$ _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Business Phone _____

Social Security/Tax ID # _____

Date of Birth _____

Relationship to Donor _____

Percentage of Gift Fund Account to be given:
_____ %

OR

Dollar Amount to be given:
\$ _____

*If you would like to recommend that your account make grants to a successor charitable organization in perpetuity upon your death, please call GuideStream Charitable Gift Fund at 1-800-325-8975.

Signature: I acknowledge that I have read the Program Description and agree to the terms and/or conditions described therein.

Donor Signature _____ Date _____

Donor Signature _____ Date _____