

1 DONOR INFORMATION

Donor

Social Security Number

Date of Birth

Physical Address (Required)

Mailing Address (If different)

City State Zip

Phone

Email Address

Donor

Social Security Number

Date of Birth

Physical Address (Required)

Mailing Address (If different)

City State Zip

Phone

Email Address

2 CHARITY INFORMATION

By checking this box, I request that you keep this distribution anonymous.

CHARITY

Name Distribution %

Tax ID Number

Mailing Address

City State Zip

CHARITY

Name Distribution %

Tax ID Number

Mailing Address

City State Zip

CHARITY

Name Distribution %

Tax ID Number

Mailing Address

City State Zip

CHARITY

Name Distribution %

Tax ID Number

Mailing Address

City State Zip

OUTRIGHT GIFT APPLICATION

(continued from previous page)

3 FUNDING OPTIONS

Additional paperwork required if funding is other than check or securities.

- Check (Payable to AG Foundation) \$ _____
- Securities Estimated value of gift
- Real Estate (\$100,000 minimum)
- Other _____

4 SECURITY INFORMATION

Complete if funding with securities. Attach additional sheet if necessary.

# of Shares	Name of Security	Date of Purchase	\$ Cost Basis	\$ Approximate Value
			\$	\$
			\$	\$
			\$	\$

BROKERAGE INFORMATION IF APPLICABLE

Brokerage Firm Name	Phone	Account Number
Address	City	State Zip

5 AGREEMENT TO TERMS AND SIGNATURE(S)

By signing below, I/we hereby request that AG Foundation make the outright gift on our behalf, as set forth above, and acknowledge having read the attached AG Foundation Fee Structure and agree with the fees set forth therein. If funding with securities, I/we authorize the transfer of these shares to AG Foundation and further authorize their liquidation. I/we understand that the liquidation costs will come from the gross proceeds of the gift.

Donor Signature	Date
Donor Signature	Date

ACCEPTANCE BY AG FOUNDATION

AG Foundation Representative	Title	Date
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