Ladies and Gentlemen:

To constitute the ___________________ Fund (the “Fund”), we hereby transfer, convey, and pay over to Community Funds, Inc. (the “Foundation”) for the public charitable, educational, and scientific uses and purposes of its [select either: Long Island Community Foundation or Westchester Community Foundation] division, the following sum (or securities):__________________.

We desire that the annual distribution amount as determined by the Foundation in accordance with its spending policy be paid to ______________________ [if more than one organization, please indicate dollar amounts or percentages to each, if desired; if for a specific purpose other than general support, please describe]. *

We understand and agree that these purposes may be modified or released in whole or in part in the event that it shall appear to the Board of Directors of the Foundation that circumstances have so changed since the date hereof as to render unnecessary, undesirable, impractical or impossible a literal compliance with the terms of this instrument, and that, in such event, the Directors may at any time or from time to time direct the application of this gift to such other charitable purposes as, in their judgment, will most effectually accomplish the general charitable purposes of the Foundation.

The Foundation is authorized to accept other contributions to the Fund on terms substantially similar to those set forth herein, provided that property contributed is acceptable to the Foundation.

*We recommend including the following language: After 20 years of distributions {or: When any such organization has received $x}, I desire that the distribution amount be used for ______________________ [define a field or fields-of-interest, such as health, education, legal services, child welfare, etc.]
Your countersigning and returning the attached copy of this letter will indicate acceptance of the above.

Very truly yours,

________________________________

Accepted:
COMMUNITY FUNDS, INC.

By: _________________________________

By: _________________________________

Date: _______________________________