

Date: ___/___/___
mm dd yr

(Name of Your Donor Advised Fund ~ Please Print)

Triskeles Foundation
707 Eagleview Boulevard Suite 105
Exton, PA 19341

Dear Triskeles Foundation:

As the Adviser(s) to the above-named Advised Fund, I/we recommend that you make a gift out of the above named Fund for the following amounts:

1. **Gifts to Funds of/in the Triskeles Foundation** (Please print or type)

Fund: _____ Amount: \$ _____

For this gift, as Adviser(s), I/we would like to be: Anonymous Named

2. **For Charitable Organizations** (Please print or type)

A) Organization: _____ Amount: \$ _____

Address: _____

Telephone: _____ Tax ID: _____

Purpose - General/Specific: _____

For this gift, as Adviser(s), I/we would like to be: Anonymous Named

B) Organization: _____ Amount: \$ _____

Address: _____

Telephone: _____ Tax ID: _____

Purpose - General/Specific: _____

For this gift, as Adviser(s), I/we would like to be: Anonymous Named

C) Organization: _____ Amount: \$ _____

Address: _____

Telephone: _____ Tax ID: _____

Purpose - General/Specific: _____

For this gift, as Adviser(s), I/we would like to be: Anonymous Named

3. **Other Gifts** (Please list on separate sheet of paper using same format as above)

Please complete, sign and date page 2. For additional recommendations, complete, sign and date additional sheets. Please fax/send BOTH sides/additional pages of this recommendation for to:

707 Eagleview Boulevard, Suite 105 ♦ Exton, PA 19341

Phone: 610-321-9876 ♦ **Fax:** 610-321-0995 ♦ **Email:** info@triskeles.org ♦ **Web:** www.triskeles.org

**TRISKELES FOUNDATION: Donor Advised Fund
Gift Recommendation Letter**

I/we understand that the above suggestions for gifts are recommendation(s) only and not a direction. I/we also understand that, in addition to the Foundation's annual Advised Fund fees, a fee of up to 1% for each amount donated to an organization is charged, with a minimum of \$10. The distributions suggested above do not represent the payment of any legally enforceable personal pledge or any other financial obligation of mine/ours. If my benefits or privileges are offered in connection with such distributions, I/we have not and will not accept them.

I/we believe that, apart from the Funds of the Foundation, all organizations listed on page 1 are tax exempt under Section 501(c)(3) of the Internal Revenue Code, or if they are foreign, are the equivalent of such charitable organizations. In the event that there is a foreign organization in this list of recommendations for which the Foundation has not established that **it** is the equivalent of a charitable organization, I/we authorize the Foundation to charge this fund **its** normal fee for such an investigation. If the Foundation cannot establish the tax exempt status of the domestic organization or the charitable organization equivalency of the foreign organization, I/we understand that the Foundation will not make any distributions to such organizations.

I/we have set forth below any and all relationships, familial, business, or otherwise, that I/we have with any of the beneficiaries or grantees of any Foundation funds and any organizations set forth in this Gift Recommendation Letter. I/we understand that the Foundation may, at its option, withhold, withdraw or demand immediate return of all funds if I/we fail to make timely, accurate and complete disclosure of such relationships. *(Attach additional sheet if necessary)*

Optional:

Reasons for recommendations attached Additional recommendations attached

Very truly yours,

<hr/> <p>Signature</p>	<hr/> <p>Signature</p>
<hr/> <p>Typed or printed name</p>	<hr/> <p>Typed or printed Name</p>
<hr/> <p>Phone Number</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Title (for organizational endowment funds): _____</p>	

If you have any questions, please contact Clemens Pietzner at:

Phone: 610-321-9876 **Fax:** 610-321-0995 **Email:** info@triskeles.org **Website:** www.triskeles.org