



Donor Advised Fund Purpose Agreement

The Donor (Donor Name) hereby agrees that the purpose(s) of the Donor Advised Fund established in the Triskeles Foundation and named the (Name) Fund, is as follows:

Purposed (stated) to support:

This purpose(s) may only be changed in consultation with the Triskeles Foundation and as governed by the federal tax laws and pertinent laws of the State of Pennsylvania.

This Fund was established on (date) and the following person(s) serve as Advisors to the Fund.

1. _____
2. _____
3. _____

AGREED BY:

Donor's Signature:

Name: _____
(Please Print)

Date: _____

Witness' Signature:

Name: _____
(Please Print)

For Triskeles Foundation:

Clemens Pietzner

Date: _____

Date: _____