

Congratulations on your multi-year MyFund!

On _____, _____ selected a multi-year MyFund account at United Way of Rhode Island ("UWRI") [on behalf of _____]. Your multi-year MyFund account is subject to the MyFund Terms and Conditions for traditional MyFund accounts, with the following exceptions:

1. A multi-year MyFund account must be fully funded (in the amount indicated below) in the year it is established.
2. Unlike many donor advised fund sponsors, UWRI does not charge a fee to setup or administer your MyFund account. In order to participate in a multi-year MyFund account, there is a 10% minimum donation to UWRI's Community Impact Fund ("CIF"), which will be deducted from your multi-year MyFund account contribution at the start of the multi-year term. One hundred percent of your contribution to CIF goes right to the programs and services to improve the lives of people in need. For more information on CIF please contact your UWRI representative or the Director of Major Gifts, Amanda Heinsen at (401) 444-0622.
3. Unlike contributions to a traditional MyFund account, which are swept into CIF at the end of each calendar year, any funds remaining in your multi-year MyFund account at the end of a calendar year will remain in your MyFund account in the subsequent calendar year. Any funds remaining at the end of the term for your multi-year MyFund account will be swept at the end of the stated term into CIF.

For your MyFund account this means:

- The contribution elected on ____ of \$_____ must be fully funded by _____.
- The minimum required 10% CIF donation is \$_____ and will be automatically deducted from your \$_____ MyFund contribution at the start of your multi-year term.
- After the required CIF donation is deducted, funds available in your multi-year MyFund account for grant making will be \$_____.
- The term of your multi-year MyFund account is ____ years and your account will be exempt from UWRI's annual sweep for a period of ____ years. Funds will be available for grant making from _____ until _____. On _____, any remaining balance in your account will be swept into CIF.

The purpose of UWRI is to change lives and strengthening our community, together. We are excited and honored to help you fulfill your philanthropic goals.

Thank you!

Donor Name(s) (please print)

Name and Title (please print)
United Way of Rhode Island

Donor Signature(s)

United Way Signature