# GIVING CIRCLE

## MEMORANDUM OF UNDERSTANDING

ACORN FOUNDATION
WESTERN BAY OF PLENTY

**Name of Giving Circle:** .....

**Key contact person:** .....

Address: .....

.....

Email: ..... Phone: .....

**Monthly giving intentions per Giving Circle member:** $..... per person.

**Fields of interest (if known):** .....

**The Giving Circle acknowledges that the Acorn Foundation will receive 2% of the total value of the Fund (minimum $100) each year as a donation towards its operating expenses.**

## SIGNED FOR THE ACORN FOUNDATION

**Signature:** ..... **Date:** .....

**Full Name (printed):** .....

## SIGNED BY THE KEY CONTACT PERSON ON BEHALF OF THE GIVING CIRCLE

**Signature:** ..... **Date:** .....

**Full Name (printed):** .....

## OTHER CONTRIBUTING MEMBERS OF THE GIVING CIRCLE

(Minimum 10 total)

| Full Name | Email | Phone |
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