

Corporate/Organization Resolution and Indemnification

This form must be completed by the secretary or other officer in your organization who can certify the names of those authorized to act on its behalf in connection with donations from your organization. The resolution will remain in effect until you notify National Philanthropic Trust in writing that it has been revoked. Additional forms are available at www.IndependentGift.org. If you need assistance, call toll free at (888) 878-7900 or send an email to npt@nptrust.org.

1. Officers Authorized to Make Donations from Your Company/Organization

Officer 1

Name of Officer (first, middle initial, last)

Title

Signature

Officer 2

Name of Officer (first, middle initial, last)

Title

Signature

Officer 3

Name of Officer (first, middle initial, last)

Title

Signature

Officer 4

Name of Officer (first, middle initial, last)

Title

Signature

2. Signature of Certifying Officer

As an authorized officer of:

Name of Business, Organization, or Entity

Street Address

City/State

Zip

I certify that each of the officers listed in Section 1 is duly authorized by resolution to act on behalf of the above-named organization in connection with donations from the organization.

Each officer named in Section 1 agrees on behalf of the organization to indemnify and hold the National Philanthropic Trust and its officers, employees, and agents harmless from acting on instructions believed by National Philanthropic Trust to have originated from any officer named in Section 1. This resolution is to remain in full force and effect until revoked in writing by an officer named in Section 1 and the revocation is delivered to National Philanthropic Trust. The revocation will not affect any action taken by National Philanthropic Trust before it has had a reasonable amount of time to act upon the revocation. The organization recognizes that the officers listed here may not act as advisors to the program account unless they are listed as advisors on the Donor Application.

I am authorized and directed to certify the above and that these provisions conform with the charter of my organization.

Signature of Certifying Officer

Title

Date

3. Return this completed form and other required documentation by mail or fax to:

National Philanthropic Trust | 165 Township Line Road, Suite 150 | Jenkintown, PA 19046 | Fax: (215) 277-3029