



Corporate/organization standing certification

Use this form to authorize specific individuals to act on the organization's behalf, and to certify donations of assets owned by a corporation, LLP, LLC, private foundation, or other non-individual legal entity.

If you require extra space, include additional sheets. Please do not staple.

For more information, refer to our *Policies and guidelines* booklet.

Contact us with questions

888-383-4483

donorservice@vanguardcharitable.org

1 Organization information

Organization name		EIN	
Street address or P.O. box number			
City	State	Zip	

2 Authorized individuals

Enter the names of the individual(s) who completed the *Make a contribution* form.

Individual A	
Name	<i>first, middle initial, last</i>
Title	
Individual B	
Name	<i>first, middle initial, last</i>
Title	

Are you the sole authorized individual from this organization?

No *If no, the other authorized individual from the organization must sign in Section 3.*

Yes *If yes, only your signature is required in Section 3.*

If a number is not provided, Vanguard Charitable will require the signature of **one** individual named in **Section 2**.

Number of named individuals that are required to sign Vanguard Charitable paperwork in order to act

3 Certification

By signing below, I certify that:

- each of the authorized individuals listed in **Section 2** is duly authorized to act on behalf of the Organization in connection with donations from the Organization;
- the Organization agrees to indemnify and hold Vanguard Charitable and its affiliates, officers, employees, and agents harmless from acting on instructions reasonably believed by Vanguard Charitable to be from an individual named in **Section 2** with respect to a donation from my Organization;
- the Organization acknowledges these certifications will remain in effect until revoked in writing and delivered to Vanguard Charitable. The revocation will not affect any actions taken by Vanguard Charitable before it has a reasonable amount of time to act upon the revocation;
- the Organization acknowledges that the authorized individuals in **Section 2** are not authorized to act as account advisors to an account at Vanguard Charitable unless they have been duly appointed pursuant to the Vanguard Charitable documentation for such account; and,
- I am authorized to certify the above and this certification does not conflict with the governing documents of the Organization.

If you are the sole authorized individual of the organization, only your signature is required to certify this document.

Authorized individual	
Name <i>first, middle initial, last</i>	Title
Signature X	Date <i>mm-dd-yyyy</i>

If another authorized individual is named in Section 2, their signature is also required to certify this document

Second authorized individual	
Name <i>first, middle initial, last</i>	Title
Signature X	Date <i>mm-dd-yyyy</i>

<h3>Return information</h3> <p>Return this form and required documentation to Vanguard Charitable.</p>	<p>Email: donorservice@vanguardcharitable.org <i>We recommend encrypting the form and sharing the password with us.</i></p> <p>Fax: 866-485-9414</p> <p>Mail: Vanguard Charitable P.O. Box 9509 Warwick, RI 02889-9509</p>
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