



PERSONAL GIVING ACCOUNT AGREEMENT

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2. The Giving Account is subject to the Bradley Personal Giving Account Terms and Conditions, as the Board of Directors may amend from time to time without the Donor(s) consent. The Giving Account is governed by the Board of Director's Giving Account Policy and other acts of the Board of Directors. The Donor(s) have had the opportunity to review these documents.
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Donor: _____

Date: _____

Donor: _____

(if Joint Account)

Date: _____



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Donor: _____

A handwritten signature in black ink, appearing to read "Robert P. George", written over a horizontal line.

Date: _____

2-21-2016

Donor: _____

(if Joint Account)

Date: _____

Directed Giving Program

Director

(Rev. 5/1/15)

This will confirm that **Robert George**, a Director of The Lynde and Harry Bradley Foundation, Inc., with the consent of Michael W. Grebe, President, has recommended that the Bradley Foundation award a grant to the qualified charity listed below:

Organization: Bradley Impact Fund, Inc.
Address: 1249 North Franklin Place
Milwaukee, WI 53202
Contact: Ms. Jessica Dean, President
Purpose: To support the Robert George Fund.
Amount: \$10,000
Grant Date: 2/23/2016
ID#: 20160050

\$ 5,000 Collegiate Cultural Foundation
\$ 5,000 American
Principle
Project

1. GRANT TYPE and CONFIRMATION of IRS EXEMPT STATUS

Grant Type: Exp Resp - Other
Tax Status: 501(c)(3), 509(a)(1), 170(b)(1)(A)(vi), 170(b)(1)(A)(vi),
Public Charity: Yes
Charity Check Report dated: 2/1/2016
IRS Determination date: 2/29/2012

2. CONFLICT OF INTEREST [Kuester/Uihlein/Hendricks/Grebe]

If the conflict of interest field above is blank a conflict does not exist with this grant. **If you are aware of an existing conflict of interest NOT listed above, notify the Grants Administrator to document conflict.**

NOTES: Conflict of interest is any Officer, Board Member or Employee of the Foundation:


- Serving on the board or as an officer of any organization which is being considered for a grant by the Foundation; or
- Has a close relationship or association with a proposed recipient of a grant (including a close relationship or association with a director or officer of such proposed recipient). All persons with a conflict shall disclose such service, relationship or association to the members of the Board of the Foundation before participating in deliberations on such proposal. Should the Board or the Officer, Board Member or Employee deem it appropriate, he or she may be excused from the deliberations. A Board Member should abstain from voting on such proposals.

3. INTERNAL APPROVAL BEFORE PAYMENT



Director, Robert George

Date: February 23, 2016



President, Michael W. Grebe

Date: 2/23/16

Directed Giving Program
Director
(Rev. 5/1/15)

COPY

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Director, Robert George

Date: February 23, 2016



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Date: 2/23/16



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Donor:

Curt A. Culver

Date:

2/23/16

Donor:

(if Joint Account)

Date:

PERSONAL GIVING ACCOUNT CONTACT FORM

DONOR CONTACT INFORMATION

Donor

Name: CURT S. CULVER

Preferred Salutation: _____

Mailing Address: 4724 N. PINECREST DRIVE

City, State, Zip: NASHOTAH WI 53058

Residence Address: " " "

City, State, Zip: " " "

Phone: 262-369-5526(H) 414-347-6632(O) 414-659-4597(C)

Email Address: CURT_CULVER@M61C.COM

Donor (spouse/other)

Name: SUE S. CULVER

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Giving Account Name

Name: CURT & SUE CULVER FD MUG

20151046



PERSONAL GIVING ACCOUNT APPLICATION

SECTION A: DONOR INFORMATION

All correspondence will be sent to the first donor listed below.

Donor: Patrick J. English

Preferred Salutation: Pat

Mailing Address: 1825 N. 74th St.

City, State, Zip: Wauwatosa, WI 53213

Residence Address: _____

City, State, Zip: SAME

Phone: _____

Email Address: englj@fiduciarymgt.com

Fax Number: _____

2nd Donor (if Joint Account): Rachel A. English

Relationship: (Wife) Rachel

Preferred Salutation: G

Mailing Address: SAME

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: tosaeenglish@yahoo.com

Fax Number: _____

Attach additional sheets as necessary.

SECTION B: NAME

You may give your fund a name (e.g. Jane and John Doe Fund, The Doe Family Fund, The Freedom Fund, etc.). Unless you choose in Section C for the grants to be made anonymously, grants will be sent to the recipient charity with a letter identifying your fund's name.

Name: Patrick & Rachel English Fund

PERSONAL GIVING ACCOUNT CONTACT FORM

CONFIDENTIAL

To: Renae K

From: Karen P

Below is the Acct name
for her BtF Acct.

DONOR CONTACT INFORMATION

Donor

Name: Cleta Mitchell

Preferred Salutation: Ms.

Mailing Address: 139 National Drive

City, State, Zip: Pinehurst, NC 28374

Residence Address: 139 National Drive

City, State, Zip: Pinehurst, NC 28374

Phone: (202) 431-1950

Email Address: cmitchell@foley.com

Donor (spouse/other)

Name: Cleta Mitchell

Preferred Salutation: Ms.

Mailing Address: 139 National Drive

City, State, Zip: Pinehurst, NC 28374

Residence Address: 139 National Drive

City, State, Zip: Pinehurst, NC 28374

Phone: (202) 431-1950

Email Address: cmitchell@foley.com

Giving Account Name

Name: Cleta Mitchell

Section B: Name

You may give your fund a name (e.g. Jane and John Doe Fund, The Doe Family Fund, The Freedom Fund, etc.). Unless you choose for the grants to be made anonymous in Section C, grants will be sent to the charity with a letter identifying your fund's name.

Name: DENNIS KUESTER FUND

Section C: Identification

Choose one of the following options to identify grants made with your gift. You may indicate differently when making a specific gift recommendation.

- ☒ Account Name
☐ Anonymous

Section D: Initial Contribution

Please check the type of contribution you will be making:

- ☐ **Check(s) in the amount of \$** _____
Checks should be made payable to Bradley Impact Fund
Please insert Name contained in Section C in Memo Line on Check
- ☐ **Wire in the amount of \$** _____
Please contact the Bradley Impact Fund for wire instructions.
- ☒ **Publicly traded security or mutual fund shares**
Name of stock or mutual fund: _____
Number of shares: _____
To initiate transfer, contact Bradley Impact Fund for instructions.
- ☐ **Other**
Please contact the Bradley Impact Fund for more information.
- ☐ **Assets to be gifted at a later time via testamentary gifting**
Please contact the Bradley Impact Fund for more information.

BRADLEY IMPACT FUND

BRADLEY PERSONAL GIVING ACCOUNT AGREEMENT

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Donor: _____

Date: _____

10/31/2013

Donor: _____

Date: _____

(if Joint Account)

BRADLEY IMPACT FUND

Donor Contact Information

Donor

Name: ABC Supply Co. Inc.

Preferred Salutation: _____

Mailing Address: ONE ABC PARKWAY

City, State, Zip: BELDIR, WI, 53511

Residence Address: _____

City, State, Zip: _____

Phone: (608) 713.0637

Email Address: kbliss@hendricksholding.com

Donor (spouse/other)

Name: _____

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Giving Account Name

Name: _____





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Donor: Richard W Graber

Date: 2/23/16

Donor: _____
(if Joint Account)

Date: _____

PERSONAL GIVING ACCOUNT CONTACT FORM

DONOR CONTACT INFORMATION

Donor

Name: _____

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Donor (spouse/other)

Name: _____

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Giving Account Name

Name: Richard Graber ~~Acce~~ Fund

PERSONAL GIVING ACCOUNT CONTACT FORM

DONOR CONTACT INFORMATION

Donor

Name: MICHAEL W. GREBE

Preferred Salutation: MIKE

Mailing Address: 777 N. PROSPECT AVENUE #402

City, State, Zip: MILWAUKEE, WI 53202

Residence Address: SAME AS ABOVE

City, State, Zip: _____

Phone: 414-291-4119

Email Address: mgrebe@bradleyfm.org

Donor (spouse/other)

Name: _____

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Giving Account Name

Name: GREBE ACCOUNT

PERSONAL GIVING ACCOUNT CONTACT FORM

DONOR CONTACT INFORMATION

Donor

Name: DAVID V. UHLEIN, JR.

Preferred Salutation: DAVE

Mailing Address: 8265 N. RIVER RD.

City, State, Zip: MILWAUKEE, WI 53217

Residence Address: SEE ABOVE

City, State, Zip: _____

Phone: (414) 791-3944

Email Address: daveu@uhlein-wilson.com

Donor (spouse/other)

Name: _____

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Giving Account Name

Name: _____



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Donor: Victor D Hanson

Date: Feb 26 2016

Donor: _____
(If Joint Account)

Date: _____

PERSONAL GIVING ACCOUNT CONTACT FORM

Office
The Hoover Institution
Stanford University
Stanford CA
94305
650 723 388

DONOR CONTACT INFORMATION

Donor

Name: Victor Davis Hanson

Preferred Salutation: Dr.

Mailing Address: 8343 E mt View Ave

City, State, Zip: Selma CA 93662

Residence Address: Same as above

City, State, Zip: _____

Phone: 559 892 5907

Email Address: vhanson@stanford.edu

Donor (spouse/other)

Spouse

Name: Jennifer Hanson

Preferred Salutation: Dr.

Mailing Address: 8343 E mt View Ave

City, State, Zip: Selma, CA 93662

Residence Address: _____

City, State, Zip: _____

Phone: 559 ~~892 5907~~ 824-5577

Email Address: jleyne@victorhanson.com

Giving Account Name

Name: _____



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Donor: Kerry Conidine Date: _____

Donor: _____ Date: _____
(if Joint Account)

PERSONAL GIVING ACCOUNT CONTACT FORM

DONOR CONTACT INFORMATION

Donor

Name: TERRY CONSIDINE

Preferred Salutation: Terry

Mailing Address: 4582 S Vister St, Suite 410

City, State, Zip: Denver, CO 80237

Residence Address: 4700 S El Camino DR

City, State, Zip: Englewood, CO 80111

Phone: 303-691-4330

Email Address: terry.considine@aimco.com

Donor (spouse/other)

Name: _____

Preferred Salutation: _____

Mailing Address: _____

City, State, Zip: _____

Residence Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Giving Account Name

Name: _____

Renee Krebs

From: Jessica Dean
Sent: Monday, February 29, 2016 2:49 PM
To: Renee Krebs
Cc: Karen Pacioni
Subject: RE: Bradley Impact Fund form

Per a conversation with Terry his account name is the Terry Considine Fund.

From: Renee Krebs
Sent: Monday, February 29, 2016 2:46 PM
To: Jessica Dean <jdean@bradleyfdn.org>
Subject: RE: Bradley Impact Fund form

Thank you

Sincerely,

Renee Krebs
Grants Administrator
The Lynde and Harry Bradley Foundation

From: Jessica Dean
Sent: Monday, February 29, 2016 2:44 PM
To: Karen Pacioni; Renee Krebs
Subject: FW: Bradley Impact Fund form

From: Sankey, Leanna (Denver) [<mailto:Leanna.Sankey@aimco.com>]
Sent: Monday, February 29, 2016 2:05 PM
To: Jessica Dean <jdean@bradleyfdn.org>
Subject: RE: Bradley Impact Fund form

Hi Jessica – Here is Terry's signed form. Please let me know if you need anything else.

Leanna

From: Jessica Dean [<mailto:jdean@bradleyfdn.org>]
Sent: Thursday, February 25, 2016 2:36 PM
To: Considine, Terry (Denver)
Cc: Sankey, Leanna (Denver)
Subject: Bradley Impact Fund form
Importance: High

Terry: as Mike mentioned at the Bradley Board meeting this week, directors will now be directing their board-directed funds through the Bradley Impact Fund. I did not receive the signed agreement from you before you left, so I've attached it to this email. Will you please sign and return to me? By tomorrow would be ideal.

Thank you – and don't hesitate to let me know if you have questions.