



# THE COMMUNITY FOUNDATION

## DONOR INFORMATION FORM FOR CHARITABLE INVESTOR FUNDS<sup>SM</sup>

### I. Donor Name(s)

Name _____	Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
E-Mail* _____	E-Mail* _____
Date of Birth _____	Date of Birth _____
Spouse's Name _____	Spouse's Name _____

Quarterly fund statements and other mail from the Community Foundation will normally be sent to this address.

\* Email address is required to access account and grantmaking online through DonorCentral.

### II. Fund Name

\_\_\_\_\_  
Grants to charitable organizations will be identified as coming from this account name.

### III. Alternate Address

#### **Business/Alternate**

Name _____	Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

#### **Seasonal**

Dates of Residence - From: \_\_\_\_\_ To: \_\_\_\_\_

Please send quarterly statements to this address       Please send quarterly statements to this address

### IV. Anonymity

#### Donor anonymity

Do you want to be identified as a donor to the Community Foundation?       Yes       No

Do you want your name(s) listed in Community Foundation publications?       Yes       No

If yes, please indicate how you would like your name(s) to appear:

\_\_\_\_\_

If no, neither your name nor fund will be listed.

**V. Charitable Interests**

I/We are interested in the following charitable areas:

- |   |  |
|---|--|
| <input type="checkbox"/> African American               | <input type="checkbox"/> Inclusiveness/Race Relations        |
| <input type="checkbox"/> Aging                          | <input type="checkbox"/> Latino                              |
| <input type="checkbox"/> Animals                        | <input type="checkbox"/> LGBT                                |
| <input type="checkbox"/> Arts & Culture                 | <input type="checkbox"/> Libraries/Literacy                  |
| <input type="checkbox"/> Basic Human Needs              | <input type="checkbox"/> Men & Boys                          |
| <input type="checkbox"/> Children & Youth               | <input type="checkbox"/> Neighborhoods/Community Development |
| <input type="checkbox"/> Civil Society/Civic Engagement | <input type="checkbox"/> Nonprofit Management                |
| <input type="checkbox"/> Early Childhood Development    | <input type="checkbox"/> Recreation/Sports/Fitness           |
| <input type="checkbox"/> Economic Development/Jobs      | <input type="checkbox"/> Religion                            |
| <input type="checkbox"/> Education                      | <input type="checkbox"/> Technology and Access               |
| <input type="checkbox"/> Environment                    | <input type="checkbox"/> Veterans                            |
| <input type="checkbox"/> Families                       | <input type="checkbox"/> Women & Girls                       |
| <input type="checkbox"/> Health                         | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Historic Preservation          |  |

I/We are interested in the following geographic areas:

- |  |   |
|--|---|
| <input type="checkbox"/> Genesee County    | <input type="checkbox"/> Orleans County |
| <input type="checkbox"/> Livingston County | <input type="checkbox"/> Seneca County  |
| <input type="checkbox"/> Monroe County     | <input type="checkbox"/> Wayne County   |
| <input type="checkbox"/> Ontario County    | <input type="checkbox"/> Yates County   |

**VI. Grantmaking Service**

All distributions must be directed to 501(c)(3) public charities for charitable purposes. The minimum distribution is \$250.

- Would you like your name(s) given to grant recipients? .....  Yes  No
- Would you like your address given to grant recipients so they can thank you directly?.....  Yes  No
- Would you like to receive copies of the transmittal letters that accompany grant checks?..  Yes  No
- Would you like to view your fund activity on-line using Donor Central?.....  Yes  No  
(Instructions, username and password – assigned by the system – will be sent via e-mail)
- I would like to receive grantmaking suggestions in my areas of interest.
- I am interested in developing a personalized grantmaking program.
- I would like to learn more about family philanthropy.

**VII. Awareness of Community Foundation**

How did you learn about Rochester Area Community Foundation?

- |  |   |
|--|---|
| <input type="checkbox"/> Current Fund Holder | <input type="checkbox"/> Professional Advisor |
| <input type="checkbox"/> Friend              | <input type="checkbox"/> Website              |
| <input type="checkbox"/> Media               | <input type="checkbox"/> Other: _____         |

Why did you choose to establish an account at the Community Foundation?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Convenience    | <input type="checkbox"/> Reputation   |
| <input type="checkbox"/> Ease of Giving | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Knowledge      |                                       |

**VIII. Successor Advisor(s)**

After the lifetime(s) of the donor(s), the following people will be authorized to recommend distributions from my/our fund.

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
E-Mail _____	E-Mail _____
Relationship _____	Relationship _____

**X. Professional Advisors**

Name _____	Name _____
Firm _____	Firm _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
E-Mail _____	E-Mail _____
Profession _____ <i>(Ex: Attorney, Accountant, Financial Planner, etc.)</i>	Profession _____ <i>(Ex: Attorney, Accountant, Financial Planner, etc.)</i>

Please send my professional advisor(s) a copy of my quarterly fund statement.

DONOR

ROCHESTER AREA COMMUNITY FOUNDATION

Sign _____	Sign _____
Print _____	Title _____
Date _____	Date _____