



# THE COMMUNITY FOUNDATION

## INFORMATION FORM FOR ORGANIZATION FUNDS

### I. Organization Name

### II. Contact Information

At any time if any of the contact information listed below changes the Foundation requests written notification on organization letterhead notifying us of such changes. This person is authorized to recommend distributions from the fund.

Name of Officer \_\_\_\_\_

Title \_\_\_\_\_

Organization Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Org. Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

*This is the address to which fund statements and other official mail will be sent. In addition, you may request one additional statement be sent to a contact listed below. Fund activity can also be viewed online on a password-protected site.*

### III. Other Key Contacts (who are authorized to recommend distributions from our fund)

At any time if any of the contact information listed below change the Foundation requests written notification on organization letterhead notifying us of such changes.

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Org Address \_\_\_\_\_ Org. Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Org. Phone \_\_\_\_\_ Org. Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Send Quarterly Statement  Yes  No

Send Quarterly Statement  Yes  No

### IV. IRS Employer ID Number

### V. Fund Name

*Distributions from the endowment fund will be identified as coming from this fund name.*

**VI. Anonymity**

A.) Organization anonymity

Do you want the name of your organization listed in Community Foundation publications.  Yes  No  
If yes, please indicate how you would like your name(s) to appear:

B.) Fund anonymity

May we list your Fund in our annual report or other publications? .....  Yes  No  
Do you want the Fund amount listed in the annual report? .....  Yes  No

**VII. Grantmaking Service**

*Please check all that apply:*

- I would like to view my fund activity on-line.  
(Instructions, username and password – assigned by the system – will be sent via e-mail.)
- Please have someone contact me to set up arrangements for our payouts.

**VIII. Awareness of Community Foundation**

How did you learn about Rochester Area Community Foundation?

- Current Fund Holder
- Friend
- Media
- Professional Advisor
- Website
- Other: \_\_\_\_\_

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

- Convenience
- Ease of Giving
- Knowledge
- Reputation
- Other: \_\_\_\_\_

OFFICIAL SIGNATURE

Sign \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

OFFICIAL SIGNATURE

Sign \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_