



# THE COMMUNITY FOUNDATION

## INFORMATION FORM FOR SCHOLARSHIP FUNDS

### 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 _____

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

### II. Account Name

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

### III. Fund Activity

Do you want to view your fund activity online?.....  Yes  No  
*If so, please be sure to include your email address above.*

Do you want to receive quarterly fund statements?.....  Yes  No

#### Preferred mailing address (if different from above)

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

Type \_\_\_\_\_  
 (Home, business, summer, winter, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**IV. Anonymity**

A.) Donor anonymity

- Do you want your name(s) given to scholarship recipients?.....  Yes  No
  - Do you want your address given to scholarship recipients so they can thank you directly?  Yes  No
  - 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:  
\_\_\_\_\_

B.) Account anonymity

- May we list your fund in our annual report or other publications?.....  Yes  No

**V. Charitable Interests**

I/We are interested in the following charitable areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Aging                          | <input type="checkbox"/> Historic Preservation               |
| <input type="checkbox"/> Animals                        | <input type="checkbox"/> Inclusiveness/Race Relations        |
| <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: _____                        |

**VI. Awareness of Community Foundation**

*The following questions are optional; however we do appreciate your input.*

How did you learn about Rochester Area Community Foundation? \_\_\_\_\_

Why did you choose to establish a fund at the Community Foundation? \_\_\_\_\_

**VII. Professional Advisors**

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

Firm \_\_\_\_\_ Firm \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

Profession \_\_\_\_\_ Profession \_\_\_\_\_

*(Example: Attorney, Accountant, Financial Planner, etc.)*

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

**VIII. Disposition of Fund After Lifetime**

In the event of my/our death(s), the following individual(s) shall become contacts for the fund:

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

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