



# THE COMMUNITY FOUNDATION

## INFORMATION AND AUTHORIZATION FORM FOR CHARITABLE CHECKING ACCOUNT<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 _____

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

### II. Account Name

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

### III. Initial Contribution

The account will be established with an initial contribution of \$ \_\_\_\_\_  
*Initial and subsequent contributions to the account are available for distribution 90 days after the date of gift.*

### IV. Addresses

**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 \_\_\_\_\_

**V. Anonymity**

**A.) Donor anonymity**

- Do you want your name(s) given to grant recipients?.....  Yes  No
  - Do you want your address given to grant 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

**VI. 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: _____                        |

**VII. Grantmaking Service**

Please check all that apply:

- Do not contact me unless you have a question about my grantmaking suggestions.
- Please provide me with grantmaking suggestions in my areas of interest.
- I would like to receive information about community issues/concerns, especially in the areas of:  
\_\_\_\_\_
- I would like to receive copies of the transmittal letters that accompany grant checks.

**VIII. 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 an account at the Community Foundation? \_\_\_\_\_

**IX. Persons Authorized to Recommend Distributions from My/Our Account**

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

Name _____	Name _____
Firm _____	Firm _____
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 _____	Profession _____

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

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

**XI. Disposition of Fund After Lifetime**

In the event of my/our death(s), please distribute the remaining funds to the organizations listed below:

*I/we understand that 50% of any remaining balance is distributed to the Community Foundation's general endowment to help ensure support for the changing needs of the community forever. The remainder must be distributed as directed no later than one year after my/our death(s).*

Rochester Area Community Foundation	(50 percent)
_____	( _____ percent)
_____	( _____ percent)
_____	( _____ percent)

DONOR

ROCHESTER AREA COMMUNITY FOUNDATION

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