



THE COMMUNITY FOUNDATION

DONOR INFORMATION FORM FOR DONOR ADVISED FUNDS

I. Donor Name(s) and Home Address

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 _____

II. Fund Name

_____ Grants to charitable organizations will be identified as coming from this fund name.

III. 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 _____

IV. Anonymity

A.) Donor anonymity

Do you want your name(s) given to grant recipients?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want your address given to grant recipients so they can thank you directly?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to be identified as a donor to the Community Foundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want your name(s) listed in Community Foundation publications?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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. Grantmaking Service

Please check all that apply:

- Please 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 am interested in developing a personalized grantmaking program.
- I would like to receive information about community issues/concerns, especially in the areas of:

- I would like to view my fund activity and recommend grants on-line.
(Instructions, username and password – assigned by the system – will be sent via e-mail.)
- I would like to receive copies of the transmittal letters that accompany grant checks.

VII. 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? _____

VIII. Persons Authorized to Recommend Distributions from my/our Account

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

IX. 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.

X. Disposition of Fund after Lifetime

After the lifetime(s) of the advisor(s), if the fund balance is at least \$25,000, the Fund shall:

be maintained as a separate named Fund to serve the changing needs of the community;

be maintained as a separate named Fund to serve the following broad field(s) of interest:

_____.

If the balance is less than \$25,000, the Fund shall be added to the Community Foundation's general endowment.

DONOR

DONOR

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