



THE COMMUNITY FOUNDATION

DONOR INFORMATION FORM FOR FIELD OF INTEREST FUND

I. Donor Name(s)

Name _____	Name _____
Phone _____	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

A.) Preferred mailing address.

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 _____

B.) Other addresses

Type _____ Type _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Effective Dates _____ Effective Dates _____

(if applicable)

(if applicable)

IV. 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.) 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. 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? _____

DONOR

Sign _____

Print _____

Date _____

DONOR

Sign _____

Print _____

Date _____