



# 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 _____

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

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

### II. Fund Name

\_\_\_\_\_

### III. Alternate Address

#### Business/Alternate

Name _____	Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

#### Seasonal

Dates of Residence - From: \_\_\_\_\_ To: \_\_\_\_\_

Please send quarterly statements to this address       Please send quarterly statements to this address

### IV. Anonymity

#### Donor anonymity

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:

\_\_\_\_\_

If no, neither your name nor fund will be listed.

\_\_\_\_\_

#### Fund 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"/> African American               | <input type="checkbox"/> Inclusiveness/Race Relations        |
| <input type="checkbox"/> Aging                          | <input type="checkbox"/> Latino                              |
| <input type="checkbox"/> Animals                        | <input type="checkbox"/> LGBT                                |
| <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: _____                        |
| <input type="checkbox"/> Historic Preservation          |  |

I/We are interested in the following geographic areas:

- |  |   |
|--|---|
| <input type="checkbox"/> Genesee County    | <input type="checkbox"/> Orleans County |
| <input type="checkbox"/> Livingston County | <input type="checkbox"/> Seneca County  |
| <input type="checkbox"/> Monroe County     | <input type="checkbox"/> Wayne County   |
| <input type="checkbox"/> Ontario County    | <input type="checkbox"/> Yates County   |

**VI. Awareness of Community Foundation**

How did you learn about Rochester Area Community Foundation?

- |  |   |
|--|---|
| <input type="checkbox"/> Current Fund Holder | <input type="checkbox"/> Professional Advisor |
| <input type="checkbox"/> Friend              | <input type="checkbox"/> Website              |
| <input type="checkbox"/> Media               | <input type="checkbox"/> Other: _____         |

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

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Convenience    | <input type="checkbox"/> Reputation   |
| <input type="checkbox"/> Ease of Giving | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Knowledge      |                                       |

**VII. Fund Anonymity**

- Would you like your name(s) given to scholarship recipients? .....  Yes  No
- Would you like your address given to scholarship recipients so they can thank you directly? ..  Yes  No
- Would you like to view your fund activity on-line using Donor Central? .....  Yes  No
- (Instructions, username and password – assigned by the system – will be sent via e-mail)

**VIII. Professional Advisors**

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

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

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

**IX. 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 _____

**X. Access to Principal**

The New York Prudent Management of Institutional Funds Act (NYPMIFA) requires that you choose one option below:

- #1  The Community Foundation may spend as much of my endowment gift(s) as may be prudent;
- #2  The Community Foundation may not spend below the original dollar value of my gift(s)

If you check #1 above, the Community Foundation may spend as much of your endowment gift/s (including all or part of the original value of your gift/s) as may be prudent under the criteria\* set forth in Article 5-A of the New York Not-For-Profit Corporation Law (NYPMIFA).

If you check #2 above, the Community Foundation may not spend below the original dollar value of your endowment gift but may spend the income and appreciation over the original dollar value if it is prudent to do so. The criteria\* for the expenditure of endowment funds set forth in Article 5-A of the New York Not-for-Profit Corporation Law (NYPMIFA) will not apply to your gift/s.

\*The criteria provided in Article 5-A of the New York Not-for-Profit Corporation Law (NYPMIFA) include: 1) the duration and preservation of the endowment fund; 2) the purposes of the institution and the endowment fund; 3) general economic conditions; 4) the possible effect of inflation or deflation; 5) the expected total return from income and the appreciation of investments; 6) other resources of the institution; 7) where appropriate and circumstances would otherwise warrant, alternatives to expenditure of the endowment fund, giving due consideration to the effect that such alternatives may have on the institution; and 8) the investment policy of the institution.

This form was prepared with language included in NYPMIFA. If you have any questions, please call Lauren Frank at (585) 341-4360.

DONOR	ROCHESTER AREA COMMUNITY FOUNDATION
Sign _____	Sign _____
Print _____	Title _____
Date _____	Date _____