information and authorization form

for A Fund

# I. Donor Donor

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Prefix: |       | Preferred Prefix: |       |
| Name |       | Name |       |
| Home Address |       | Home Address |       |
| City, State, Zip |       | City, State, Zip |       |
| Home Phone |       | Home Phone |       |
| Cell Phone |       | Cell Phone |       |
| E-Mail |       | E-Mail |      |
| Date of Birth |       | Date of Birth |       |

**II. Fund Name, Type and Establishing Gift**

|  |
| --- |
|       |

*Name: Grants to charitable organizations will be identified as coming from this fund name.*

 [ ]  Unrestricted [ ]  Field of Interest [ ]  Donor Advised [ ]  Designated [ ]  Scholarship

|  |
| --- |
|       |

*Establishing Gift:*

# III. Alternate Address

***Preferred Mailing Address***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Name |       |
| Organization |        | Address |       |
| Address |       | City, State, Zip |       |
| City, State, Zip |       | Phone |       |
| Phone: |       | Period  | From:       To:       |

 [ ]  Please send quarterly statements to this address

**IV. Charitable Interests**

I/We are interested in the following charitable areas:

|  |  |
| --- | --- |
| Creating an Equitable Community [ ]  | Strengthening our Region’s Vitality [ ]  |
| [ ]  | Closing the Achievement & Opportunity Gap | [ ]  | Supporting Arts & Culture |
| [ ]  | Fostering Racial & Ethnic Understanding & Equity | [ ]  | Preserving Historical Assets |
| [ ]  | Partnering Against Poverty | [ ]  | Promoting Successful Aging |

What other community interests do you care about?

What counties are you interested in supporting?

**V. Fund Description**

In one or two sentences, how would you describe your fund?

Examples: A retired teacher established this fund to support the changing needs of the community. A Penfield couple established this fund to help fulfill their philanthropic goals.

**VI. Fund/Donor Listing**

 May we list your name(s) listed in Community Foundation publications? [ ]  Yes [ ]  No

 Please indicate how you would like your name(s) listed:

 Would you like the fund name listed in Community Foundation publications/website? [ ]  Yes [ ]  No

 Would you like your fund amount listed in Community Foundation publications? [ ]  Yes [ ]  No

**VII. Successor Advisors (Donor Advised Funds Only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Name |       |
| Address |       | Address |       |
| City, State, Zip |       | City, State, Zip |       |
| Phone |       | Phone |       |
| E-Mail |       | E-Mail |        |
| Relationship |        | Relationship |        |

[ ]  Please allow advisory privileges during my lifetime. [ ]  Please allow advisory privileges during my lifetime.

* By checking the box above, you understand that advisory privileges begin when the fund is established.

**VIII. Professional Advisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Name |       |
| Address |       | Address |       |
| City, State, Zip |       | City, State, Zip |       |
| Phone |       | Phone |       |
| E-Mail |       | E-Mail |        |
| Firm |       | Firm |        |

[ ]  Please send a copy of my quarterly statement. [ ]  Please send a copy of my quarterly statement.

# IX. Grantmaking Service (Donor Advised Funds and Designated Funds Only)

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

 Would you like your name(s) given to grant recipients? [ ]  Yes [ ]  No

 Would you like your address given to grant recipients so they can thank you directly? [ ]  Yes [ ]  No

 Would you like to receive copies of the transmittal letters that accompany grant checks? [ ]  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)

 [ ]  I would like to receive grantmaking suggestions in my areas of interest.

**X. Awareness of Community Foundation**

How did you learn about Rochester Area Community Foundation?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Why did you choose the Community Foundation?

|  |
| --- |
| DONOR(S) |
| Sign |  | Sign |  |
| Print |  | Print |  |
| Date |  | Date |  |

*This memo may be revised or rewritten by the donor at any time. A new signature and date is required. The most recent document on file at the Community Foundation will be used to create the fund.*