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.*