



# THE COMMUNITY FOUNDATION

## INFORMATION AND AUTHORIZATION FORM FOR CHARITABLE CHECKING ACCOUNT<sup>SM</sup>

### 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:	
Email:		Email:	
Date of Birth:		Date of Birth:	

### II. Account Name

Fund Name: \_\_\_\_\_

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

### III. Initial Contribution

Establishing Gift \$: \_\_\_\_\_

\*An annual fee of \$100 will be deducted in September.

### IV. Alternate Address (if applicable)

Name:		Name:	
Organization:		Home Address:	
Address:		City, State, Zip:	
City, State, Zip:		Home Phone:	
Phone:		Cell Phone:	
Time Period:	From:	Time Period:	From:
	To:		To:
<input type="checkbox"/>	Please send statements to this address	<input type="checkbox"/>	Please send statements to this address

## V. Charitable Interests

I/We are interested in the following charitable areas:

### Creating an Equitable Community

- Closing the Achievement & Opportunity Gap
- Fostering Racial & Ethnic Understanding & Equity
- Partnering Against Poverty

### Strengthening our Region's Vitality

- Supporting Arts & Culture
- Preserving Historical Assets
- Promoting Successful Aging
- Environmental Justice

What other community interests do you care about? [Click or tap here to enter text.](#)

What counties are you interested in supporting? [Click or tap here to enter text.](#)

## VI. Fund/Donor Listing

May we list your name(s) 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. Grantmaking Service

*All distributions must be directed to 501(c)(3) public charities for charitable purposes. The minimum distribution is \$100.*

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 DonorCentral?  Yes  No

Note: Username is your email provided above

I would like to receive grantmaking suggestions in my areas of interest.  Yes  No

## VIII. Professional Advisor

Name:		Name:	
Firm:		Address:	
Address:		City, State, Zip:	
City, State, Zip:		Phone:	
Phone:		Email:	
Email:		Relationship:	
<input type="checkbox"/>	Please send a copy of my quarterly statement	<input type="checkbox"/>	Please send a copy of my quarterly statement

## IX. Fees

As compensation for its services the Foundation shall receive those annual fees which it customarily charges for services of a nature similar to those required herein (currently \$100 per annum).

## X. Variance Power

The Fund is protected from obsolescence. Should the purposes for which the Fund is established ever become obsolete, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community, the Board of Directors of the Foundation shall in its sole judgment select a similar use for the funds which will most nearly fulfill the original charitable intent of the Donor.

**XI. Distributions**

Distributions from the Account shall be made in accordance with such procedures for the administration and operation of such accounts of the Foundation as may be in effect from time to time. If the Account has remained dormant without grantmaking for three years, the Foundation will make every effort to secure grantmaking advice from the advisor(s) and, if unsuccessful, will make distributions in accordance with Board-designated priorities for this region.

**XII. Awareness of Community Foundation**

How did you learn about Rochester Area Community Foundation? \_\_\_\_\_

Why did you choose the Community Foundation? \_\_\_\_\_

**XIII. Disposition of Fund After Lifetime**

In the event of my/our death(s), please distribute the remaining funds to the organizations listed below:

*I/we understand that a minimum of 50% of any remaining balance is distributed to the Community Foundation's general endowment to help ensure support for the changing needs of the community forever. The remainder must be distributed as directed no later than one year after my/our death(s). If no selection is made, 100% will be distributed to the Community Foundation's general endowment.*

- 1. Rochester Area Community Foundation \_\_\_\_\_ (minimum 50%)
- 2. \_\_\_\_\_ \_\_\_\_\_
- 3. \_\_\_\_\_ \_\_\_\_\_
- 4. \_\_\_\_\_ \_\_\_\_\_

**DONORS**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ROCHESTER AREA COMMUNITY FOUNDATION**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_