information AND AUTHORIZATION FORM

for

Charitable CHECKING ACCOUNTSM

# I. Donor Donor

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Prefix: | KatKat Click or tap here to enter text. | Preferred Prefix: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Home Address: | Click or tap here to enter text. | Home Address: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. | City, State, Zip: | Click or tap here to enter text. |
| Home Phone: | Click or tap here to enter text. | Home Phone: | Click or tap here to enter text. |
| Cell Phone: | Click or tap here to enter text. | Cell Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. | Date of Birth: | Click or tap here to enter text. |

**II. Account Name**

|  |  |
| --- | --- |
| Fund Name: Click or tap here to enter text. |  |

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

**III. Initial Contribution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Establishing Gift $: Click or tap here to enter text.  \*An annual fee of $100 will be deducted in September. |  |  |  |  |

# IV. Alternate Address (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Organization: | Click or tap here to enter text. | Home Address: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | City, State, Zip: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. | Home Phone: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Cell Phone: | Click or tap here to enter text. |
| Time Period: | From: Click or tap to enter a date. | Time Period: | From: Click or tap to enter a date. |
|  | To: Click or tap to enter a date. |  | To: Click or tap to enter a date. |
|  | Please send statements to this address |  | Please send statements to this address |

**V. 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 |
|  | 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:  Click or tap here to enter text. |  |  |
| 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?  Note: Username is your email provided above | Yes | No |
|  |  |  |
| I would like to receive grantmaking suggestions in my areas of interest. | Yes | No |
|  |  |  |

**VIII. Professional Advisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Firm: | Click or tap here to enter text. | Address: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | City, State, Zip: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Phone: | Click or tap to enter a date. | Email: | Click or tap to enter a date. |
| Email: | Click or tap to enter a date. | Relationship: | Click or tap to enter a date. |
|  | Please send a copy of my quarterly statement |  | 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? | Click or tap here to enter text. |
| Why did you choose the Community Foundation? | Click or tap here to enter text. |

**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 Click or tap here to enter text. (minimum 50%)
2. Click or tap here to enter text. Click or tap here to enter text.
3. Click or tap here to enter text. Click or tap here to enter text.
4. Click or tap here to enter text. Click or tap here to enter text.

|  |  |
| --- | --- |
| **DONORS** | **ROCHESTER AREA COMMUNITY FOUNDATION** |
|  |  |
| Signature: | Signature: |
| Print Name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Date: Click or tap to enter a date. | ‘  Date: Click or tap to enter a date. |
| Signature: |  |
| Print Name: Click or tap here to enter text. |  |
| Date: Click or tap to enter a date. |  |