



THE COMMUNITY FOUNDATION

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

II. Fund Name, Type and Establishing Gift

Fund Name: _____

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

☐ Community Impact ☐ Field of Interest ☐ Donor Advised ☐ Designated ☐ Scholarship

Establishing Gift \$: _____

III. 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

IV. Connecting Your Interests with the Foundation's Expertise

The Community Foundation has identified the most pressing needs within our region, and we're eager to share these funding opportunities with you as critical needs arise. You can play a vital role in joining fellow fundholders to increase the impact of the grants you make from your fund. To ensure we match your philanthropic passions with impactful opportunities, please indicate which charitable areas are of interest:

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?

V. Fund/Donor Listing

If circumstances permit, may we list your name(s) among other Foundation donors? ☐ Yes ☐ No
Please indicate how you would like your name(s) listed:

If circumstances permit, would you like the fund name listed among other Foundation funds? ☐ Yes ☐ No

VI. 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 DonorCentral? ☐ Yes ☐ No

Note: Username is your email provided above

VII. 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.*

VIII. Successor Advisors (Donor Advised Funds Only)

Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email:		Email:	
Relationship:		Relationship:	
<input type="checkbox"/>	Please allow advisory privileges during my lifetime.	<input type="checkbox"/>	Please allow advisory privileges during my lifetime.
❖ By checking the box above, you understand that advisory privileges begin when the fund is established.			

IX. 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

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.