information and authorization form

for A Fund

# I. Donor Donor

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Prefix: | KatKat.r..rrrrrClick 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. Fund Name, Type and Establishing Gift**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  Forever Fund |[ ]  Field of Interest |[ ]  Donor Advised |[ ]  Designated |[ ]  Scholarship |
|  |  |  |  |  |  |  |  |  |  |
| Establishing Gift $: Click or tap here to enter text. |  |  |  |  |

# III. 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 |

**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** [ ]  | **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?  |

**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:Click or tap here to enter text. |  |  |
| 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? Note: Username is your email provided above | [ ]  Yes | [ ]  No |

**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.*

Click or tap here to enter text.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Name: | 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 here to enter text. |
| Email: | Click or tap to enter a date.  | Email: | Click or tap to enter a date.  |
| Relationship: | Click or tap to enter a date. | Relationship: | Click or tap to enter a date. |
|[ ]  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.
 |

**IX. 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 here to enter text. | Email: | Click or tap to enter a date.  |
| Email: |  Click or tap here to enter text. | Relationship: | Click or tap to enter a date. |
|[ ]  Please send a copy of my quarterly statement  |  [ ]  | Please send a copy of my quarterly statement  |

**X. 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. |

|  |
| --- |
| DONOR(S) |
| Sign |  | Sign |  |
| Print |  Click or tap here to enter text. | Print | Click or tap here to enter text. |
| Date | Click or tap to enter a date. | Date | Click or tap to enter a 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.*