information and authorization form

for A Fund

# 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. Fund Name, Type and Establishing Gift**

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

 *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. 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. |
|  |  |

**V. 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 |

# 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 |
|  |  |  |
| I would like to receive grantmaking suggestions in my areas of interest. | [ ]  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 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  |

**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.*