



# THE COMMUNITY FOUNDATION

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

### I. Donor

### Donor

Prefix (Mr./Ms./Dr./etc.): \_\_\_\_\_

Prefix (Mr./Ms./Dr./etc.): \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### II. Account Name & Establishing Gift

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

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

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

*Note: An annual fee of \$100 will be deducted in December.*

### III. Alternate Address (if applicable)

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

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Time Period: FROM DATE: \_\_\_\_\_

Time Period: FROM DATE: \_\_\_\_\_

TO DATE: \_\_\_\_\_

TO DATE: \_\_\_\_\_

#### 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

*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) and address given to grant recipients so they can thank you directly? (Donor Advised Funds and Designated Funds Only) ☐ Yes ☐ No

**Fund Activity & Statements:** View your fund activity on-line using our **Donor Portal**.

Quarterly Fund Statements are available through email and the Donor Portal.

Note: Username is your email provided above

#### VIII. Professional Advisor

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

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

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please email a copy of my quarterly statement.

Please email 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. _____                               | _____         |

### DONOR(S)

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

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

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

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

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

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

### ROCHESTER AREA COMMUNITY FOUNDATION

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

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

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