

INFORMATION AND AUTHORIZATION FORM FOR A FUND

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:	Financia
Birthdate:	Birthdate:
II. Fund Name, Type and Establishing Gift	
Fund Name: Name: Grants to charitable organizations will be ident	tified as coming from this fund
☐ Community ☐ Field of Interest ☐ [Donor Advised □ Designated □ Scholarship
Establishing Gift \$:	
III. Alternate Address (if applicable)	
Name:	Name:
Organization:	Address:
Address:	City: State: ZIP:
City: State: ZIP:	Cell:
Phone:	Home Phone:
T: D: L EDOMBATE	
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 \Box 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: If circumstances permit, would you like the fund name listed among other Foundation ☐ Yes ☐ No funds? 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 \(\subseteq \text{Yes} \subseteq \text{No} \) directly? (Donor Advised Funds and Designated Funds Only) 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 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: _____ Email: Email:

❖ By checking the box above, you understand that advisory privileges begin when the fund is established.

Relationship:

Please allow advisory privileges during my lifetime.

Relationship:

Please allow advisory privileges during my lifetime.

IX. 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.	
X. Awareness of Community Foundation		
How did you learn about Rochester Area Community Foundation?		
When did consoler and the Occasion it is Foundation O		
Why did you choose the Community Foundation?		
DONOR(S)		
Signature:	Signature:	
Name:	Name:	
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.