



Fund Holder Information & Account Directions

I. Fund Information

A) Fund Name _____

Grants to charitable organizations will be identified as coming from this fund name.

B) Fee Structure: 2% as of 3.1.2016

II. Fundholder Name(s)

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Name: _____

Spouse's Name: _____

III. Initial Investment Strategy – One investment option per \$50,000.

A) Stock Fund - _____

B) Global Stock Fund - _____

C) International Stock Fund - _____

D) Balanced Fund - _____

E) Income Fund - _____

F) Global Bond Fund - _____

IV. Address

A) Preferred mailing address. Quarterly fund statements and other mail from the Community Foundation *will normally be sent to this address.*

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

B) Other addresses

Type: _____
(home, business, summer, winter, etc.)

Type: _____
(home, business, summer, winter, etc.)

Street: _____

Street: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Effective dates: _____
(If applicable)

Effective dates: _____
(If applicable)

C) Email address: _____

Would you like to receive information from the Community Foundation via email?

Yes_____ No_____

V. Anonymity

Do you want your name(s) given to grantees? Yes_____ No_____

Do you want your address given to grantees so they can thank you directly?
Yes_____ No_____

May we identify you as a donor to the Community Foundation? Yes_____ No_____

May we list your name(s) listed in Community Foundation publications? Yes_____ No_____

If yes, please indicate how you would like your name(s) to appear:

VI. Charitable Interests

I/We are interested in the following charitable areas:

<input type="checkbox"/> Aging	<input type="checkbox"/> Environment	<input type="checkbox"/> Youth
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Families	Other: _____
<input type="checkbox"/> Basic Human Needs	<input type="checkbox"/> Health	_____
<input type="checkbox"/> Civic Engagement	<input type="checkbox"/> Neighborhoods	_____
<input type="checkbox"/> Early Childhood Development	<input type="checkbox"/> Recreation	_____
<input type="checkbox"/> Education	<input type="checkbox"/> Women & Girls	_____

VII. Additional information for Fund Holders

A) Subject to the terms of the fund agreement, the following persons are authorized to make distributions from my/our fund:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Relationship to donor: _____	Relationship to donor: _____

B) After the lifetime(s) of the advisor(s), the Fund shall:
_____ be maintained as a separate named Fund to serve the changing needs of the community;
_____ be maintained as a separate named Fund to serve the following broad field(s) of interest:
_____; or
_____ be added to the Community Foundation's general endowment.

VIII. Fundholder Communication

A) I have received the Fundholder's Get Started & Guidelines Document

IX. Special Notes

Signature

Signature

Date

Date