

ESTABLISHING A FUND

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Do you prefer to be Anonymous: Yes _____ No _____

What inspired you to consider establishing a fund? _____

Charitable Interests:

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Faith organization | <input type="checkbox"/> Animals | <input type="checkbox"/> Arts and Culture |
| <input type="checkbox"/> Education | <input type="checkbox"/> Environment | <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Health |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Veterans | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Other: _____ | | |

About a Potential Fund:

Fund Name: _____

Charitable Purpose: _____

I plan to make my initial gift:

- | | |
|---|---|
| <input type="checkbox"/> Immediately with Cash | <input type="checkbox"/> Through my estate planning |
| <input type="checkbox"/> Through a sale of appreciated assets | <input type="checkbox"/> Qualified Charitable Distribution <input type="checkbox"/> Other _____ |

Legal and Financial Advisors: We would like to educate your advisors about the Foundation and invite them to our events.

Type of Advisor: Attorney CPA Financial Planner

Name of Firm: _____

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Type of Advisor: Attorney CPA Financial Planner

Name of Firm: _____

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____