



Donor Advised Fund Program Gift Application

- Fund Name** *(Choose a name for your Fund. You can name it for yourself, for your family [“The Smith Family Fund,” for example], in memory of someone, or for its charitable purpose. Unless you request anonymity when you recommend grants, this name will appear on our correspondence with organizations that receive grants from your Fund.)*

The _____ Fund

- Donor Information** *(Identify all registered owners of the assets being donated.)*

Mr. / Mrs. /
Ms. / Dr. /
Other _____

Donor *(first, middle initial, last)* _____ - _____ - _____
Birth Date *(month, day, year)*

Street Address or Box Number City State Zip

Daytime Telephone Number _____ - _____ - _____
Evening Telephone Number

Mr. / Mrs. /
Ms. / Dr. /
Other _____

Donor *(first, middle initial, last)* _____ - _____ - _____
Birth Date *(month, day, year)*

Street Address or Box Number City State Zip

Daytime Telephone Number _____ - _____ - _____
Evening Telephone Number

3. Donation Information

Donation Type *(Check all that apply.)*

_____ Check for \$ _____ *(Payable to Community First Foundation.)*

_____ Check here if this is a donation from another charitable organization.

_____ Wire *(Please call Community First Foundation for wiring instructions.)*

_____ Mutual fund shares *(Use extra sheet if necessary.)*

Fund Company / Fund Name	Number of Shares	Account Number
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_____	_____	_____
_____	_____	_____

_____ Marketable securities *(Use extra sheet if necessary.)*

Company Name	Number of Shares	Account Number
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_____	_____	_____
_____	_____	_____

_____ Other *(please describe)*

4. **Grant Advisor Information** *(You must name one advisor for your Fund. Many donors act as their own advisors. Only an advisor may recommend grants, revise the succession plan, or name a new advisor. Program correspondence after the initial gift acknowledgement will be sent to the address of the first advisor listed below.)*

_____ Check here if the donor in Part 2 will serve as advisor. If not, name the account advisor below.

Advisor

Mr. / Mrs. /

Ms. / Dr. /

Other _____

_____ Donor *(first, middle initial, last)*

_____ - _____ - _____ Birth Date *(month, day, year)*

Street Address or Box Number City State Zip

_____-_____-_____
Telephone Number _____-_____-_____
Email

5. **Succession Plan** (*Indicate your wishes for administration of this Fund when the above named advisor is no longer able or willing to serve. You may choose one of the following four options.*)

____ Recognize the Successor Advisor named below.

____ Create a separate new Fund for each Successor Advisor named below. (*The minimum initial amount for each new account is \$5,000. Each new Fund will receive an equal portion of the assets. Use an extra sheet of paper if necessary.*)

Mr. / Mrs. /
Ms. / Dr. /
Other _____

Successor Advisor (*first, middle initial, last*)

Relationship to Current Advisor _____-_____-_____
Birth Date (*month, day, year*)

Street Address or Box Number City State Zip

Mr. / Mrs. /
Ms. / Dr. /
Other _____

Successor Advisor (*first, middle initial, last*)

Relationship to Current Advisor _____-_____-_____
Birth Date (*month, day, year*)

Street Address or Box Number City State Zip

____ Distribute grants to the following recommended charities.

____ Distribute to the Community First Foundation _____ Fund.

6. **Signatures** *(All donors named in Part 2 must sign below to establish a Fund.)*

I acknowledge that my gift of the property described in Part 3 above will be irrevocable and unconditional when received and accepted by the Community First Foundation. I hereby certify to the best of my knowledge that all information presented in connection with this Gift Agreement is accurate and that I will notify Community First Foundation promptly of any changes. I represent that I have the authority to enter into this agreement.

Signature of Donor

_____-_____-_____
Date (month, day, year)

Signature of Donor

_____-_____-_____
Date (month, day, year)

Accepted: Community First Foundation

_____-_____-_____
Date (month, day, year)

7. **Referral Information** *(Please tell us how you learned about the Community First Foundation Donor Advised Fund Program.)*

