



## 1. DONOR INFORMATION

### FOUNDING DONOR ADVISOR 1

<input type="checkbox"/>	MR.	<input type="checkbox"/>	MRS.	<input type="checkbox"/>	MS.	<input type="checkbox"/>	DR.	<input type="checkbox"/>	REV.	<input type="checkbox"/>	OTHER
FIRST				MIDDLE INITIAL				LAST			
MAILING ADDRESS											
CITY						STATE			ZIP		
HOME PHONE				WORK PHONE				CELL PHONE			
EMAIL ADDRESS*								DATE OF BIRTH			
PARISH											
COMMUNITY INVOLVEMENT (e.g., board and volunteer service, alma mater, organizations to which you belong)											

### FOUNDING DONOR ADVISOR 2 (OPTIONAL)

<input type="checkbox"/>	MR.	<input type="checkbox"/>	MRS.	<input type="checkbox"/>	MS.	<input type="checkbox"/>	DR.	<input type="checkbox"/>	REV.	<input type="checkbox"/>	OTHER
FIRST				MIDDLE INITIAL				LAST			
MAILING ADDRESS											
CITY						STATE			ZIP		
HOME PHONE				WORK PHONE				CELL PHONE			
EMAIL ADDRESS*								DATE OF BIRTH			
RELATIONSHIP TO DONOR 1											
PARISH											
COMMUNITY INVOLVEMENT (e.g., board and volunteer service, alma mater, organizations to which you belong)											

\* Please note that an email address is required to receive fund-specific communications.



## 2. NAMING

**How would you like to be addressed?** (e.g., Mr. and Mrs. Jones, Susan and Bob Jones, etc.)

**What would you like to name your fund?** You have the privilege of naming your fund for yourself, your family, or a broad charitable purpose (e.g., Jones Family Fund; Saint Gabriel Fund). Grants made to charity are accompanied by a letter which includes your fund name and the name and address of the donor(s) recommending the grant, unless anonymity is requested.

☐ PLEASE KEEP MY/OUR NAME(S) ANONYMOUS

☐ PLEASE KEEP MY/OUR GRANTS ANONYMOUS

**NOTE:** Checking both of the boxes above indicates you desire full anonymity. If you would like to be anonymous and your name is in the fund name, then your fund remains anonymous as well.

## 3. FUND TYPE

What type of fund would you like to establish?

☐ **DONOR ADVISED FUND**  
\$10,000 minimum initial gift. Grants may be made from both the principal and earnings. \$2,500 minimum balance must be maintained.

☐ **ENDOWED DONOR ADVISED FUND**  
\$50,000 minimum initial gift. A portion of the investment growth is distributed annually. The donor can recommend grants to different causes and charities each year.

☐ **ENDOWMENT FUND**  
\$50,000 minimum initial gift. A portion of the investment growth is distributed annually to beneficiaries predetermined by the donor. A change in beneficiary requires an amendment to the endowment fund agreement.

NOTE: Fees vary based on fund type.

## 4. PHILANTHROPIC INTERESTS

Are you interested in any particular philanthropic area? Check all that apply.

☐ **SPIRITUAL**  
Evangelization, parishes, orders, missions, vocations, and seminaries.

☐ **EDUCATIONAL**  
Educating students pre-K to college and beyond.

☐ **SOCIAL**  
Serving those most vulnerable in society.

**OTHER:**

Through our work at CCF, we have come to learn a lot about resources and needs in the community. Would you like to receive occasional e-communications about CCF's grantmaking and insights into our community's needs to inform your philanthropy?

☐ YES, I'M INTERESTED IN LEARNING ABOUT CCF'S GRANTMAKING AND COMMUNITY INSIGHTS.



### 5. HOW DID YOU HEAR ABOUT US?

REFERRED BY:

☐ WEB SEARCH

☐ SOCIAL MEDIA

☐ MAGAZINE / NEWSPAPER

☐ EVENT

☐ PARISH

☐ PROFESSIONAL ADVISOR

☐ RADIO

OTHER:

### 6. TERMINATION OF DONOR ADVISED FUND

Your donor advised fund terminates either upon the death of the last living donor advisor, or after 40 years. Following the termination of the fund, any remaining assets may be distributed in a number of ways. Here are some options to consider:

- ☐ Any or all of the remaining assets may be given to CCF's Legacy Fund. The Legacy Fund at CCF provides ongoing financial support for the needs of our Catholic community now and forever. Your gift to the Legacy Fund will increase the Foundation's capacity to respond to urgent, emerging needs within our community.
- ☐ A fund with assets of \$50,000 or greater can be converted to an **endowment**. One or more beneficiaries may be selected to receive an annual distribution from the endowment.
- ☐ Any or all of the remaining assets may be distributed to an existing endowment fund at CCF (e.g., parish endowment fund).

FOR INTERNAL USE ONLY:

FUND NUMBER

FUND NAME



## 7. ADDITIONAL ADVISORS AND SUCCESSOR ADVISORS (OPTIONAL)

Donors may name family or non-family persons as **additional advisors** to their fund. Additional advisors can view fund information, but they cannot recommend grants without express consent from the founding donors.

Donors may also select family or non-family persons to be **successor advisors** to their fund. Successor advisors take over upon the death or incapacity of the last founding donor advisor. Succession may last up to a total of 40 years (two generations).

### ADVISOR 1

FIRST	MIDDLE INITIAL	LAST	
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE	RELATIONSHIP TO DONOR		
EMAIL ADDRESS*		DATE OF BIRTH	

☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor.

### ADVISOR 2

FIRST	MIDDLE INITIAL	LAST	
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE	RELATIONSHIP TO DONOR		
EMAIL ADDRESS*		DATE OF BIRTH	

☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor.



**ADVISOR 3**

FIRST	MIDDLE INITIAL	LAST
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	RELATIONSHIP TO DONOR	
EMAIL ADDRESS*		DATE OF BIRTH

☐ This person shall be a successor advisor and take over the fund upon the death of the last founding advisor.

\* Please note that an email address is required to receive fund-specific communications.

**8. FINANCIAL ADVISOR (OPTIONAL)**

To facilitate your philanthropy with the greatest ease and effect, it can be helpful for CCF to know your financial advisor(s).

THIS PERSON IS A(N)...

<input type="checkbox"/> ESTATE PLANNER	<input type="checkbox"/> FINANCIAL PLANNER / WEALTH MANAGER	<input type="checkbox"/> CPA / ACCOUNTANT
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NAME	
COMPANY	
PHONE	EMAIL

THIS PERSON IS A(N)...

<input type="checkbox"/> ESTATE PLANNER	<input type="checkbox"/> FINANCIAL PLANNER / WEALTH MANAGER	<input type="checkbox"/> CPA / ACCOUNTANT
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NAME	
COMPANY	
PHONE	EMAIL