information FORM

for

ORGANIZATION Funds

**I. Organization Name**

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| --- |
|  |

# II. Contact Information

At any time if any of the contact information listed below changes the Foundation requests written notification on organization letterhead notifying us of such changes. This person is authorized to recommend distributions from the fund.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Officer | | | | |  | |
| Title |  | | | | | |
| Organization Address | | | | | |  |
| City, State, Zip | | | |  | | |
| Org. Phone | | |  | | | |
| E-Mail | |  | | | | |

*This is the address to which fund statements and other official mail will be sent. In addition, you may request one additional statement be sent to a contact listed below. Fund activity can also be viewed online on a password-protected site.*

# III. Other Key Contacts (who are authorized to recommend distributions from our fund)

At any time if any of the contact information listed below change the Foundation requests written notification on organization letterhead notifying us of such changes.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | Name |  | | | | |
| Title |  | | | | | Title |  | | | | |
| Org Address | | |  | | | Org. Address | | |  | | |
| City, State, Zip | | | |  | | City, State, Zip | | | |  | |
| Org. Phone | |  | | | | Org. Phone | |  | | | |
| E-Mail |  | | | | | E-Mail |  | | | | |
| Send Quarterly Statement | | | | | Yes  No | Send Quarterly Statement | | | | | Yes  No |

**IV. IRS Employer ID Number**

|  |
| --- |
|  |

**V. Fund Name**

|  |
| --- |
|  |

*Distributions from the endowment fund will be identified as coming from this fund name.*

**VI. Fund Description**

In one or two sentences, how would you describe your fund?

Example: This organization endowment fund supports the work of a home for the terminally ill in Penfield.

|  |
| --- |
|  |

**VII. Fund/Donor Listing**

Would you like your name(s) listed in Community Foundation publications?  Yes  No

If yes, you will be acknowledged by your Organization Name specified in Section I.

Would you like the Fund amount listed in Community Foundation publications?  Yes  No

# VIII. Grantmaking Service

*Please check all that apply:*

I would like to view my fund activity on-line.

(Instructions, username and password – assigned by the system – will be sent via e-mail.)

Would you prefer annual distributions?  OR return distributions to endowment?

Distributions occur in May/June unless otherwise noted.

**IX. Awareness of Community Foundation**

How did you learn about Rochester Area Community Foundation?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Fund Holder |  | Professional Advisor |
|  | Friend |  | Website |
|  | Media |  | Other: |

Why did you choose to establish an account at the Community Foundation?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Convenience |  | Reputation |
|  | Ease of Giving |  | Other: |
|  | Knowledge |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICIAL SIGNATURE | | OFFICIAL SIGNATURE | |
| Sign |  | Sign |  |
| Title |  | Title |  |
| Date |  | Date |  |
|  | |  | |
| OFFICIAL SIGNATURE | |
| Sign |  |
| Title |  |
| Date |  |