



# CCF DONOR ADVISED FUND OPTIONS FORM

Complete this form to help establish your own CCF *Donor Advised Fund*.  
Please call us at 651-389-0300 if you need assistance. **(Please Print)**

## 1. DONOR INFORMATION

The Donor(s) have full and equal rights to recommend grant distributions, recommend investment alternatives, and to designate the successor advisors for their fund.

### Donor 1

Mr./Mrs./Ms./Dr./ Other: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

### Donor 2

Mr./Mrs./Ms./Dr./ Other: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**Relationship of Donor 2 to Donor 1:** \_\_\_\_\_

## 2. HOW WOULD YOU LIKE TO BE ADDRESSED?

(e.g. Mr. and Mrs. Jones; Susan and Bob Jones, etc.) This will appear on all fund correspondence, in our Annual Report and all letters that accompany grants to charities unless otherwise requested:

\_\_\_\_\_  
May we list you name(s) in our Annual Report?  Yes  No

## 3. WHAT WOULD YOU LIKE TO NAME YOUR FUND?

You have the privilege of naming your fund for yourself, you family or a broad charitable purpose (e.g. Jones Family Fund; Jones Scholarship Fund, etc.) Please write in your fund name below:

The \_\_\_\_\_ 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.

May we list your name(s) in our letters that accompany grants to charities?  Yes  No

## 4. WHAT TYPE OF ACCOUNT WOULD YOU LIKE TO ESTABLISH?

Provisional (\$5,000 minimum initial gift. Grants may be made from both the principal and earnings. \$2,500 minimum balance must be maintained. See "Guidelines for Donors" brochure for more details)

Permanent Endowment (\$25,000 minimum initial gift. Grants made only from earnings. See "Guidelines for Donors" brochure for more details.)

**5. HOW WILL YOU MAKE YOUR INITIAL CONTRIBUTION?**

Important: Please do not send any money or transfer any securities until you have discussed this with our office and the agreement is in place.

- Check: \$ \_\_\_\_\_
- Wire: \$ \_\_\_\_\_
- Marketable Securities: \$ \_\_\_\_\_
- Mutual Fund Shares: \$ \_\_\_\_\_

**6. SUCCESSORS**

Donors may elect family or non-family persons to be successor advisors to their fund. Successor advisors take over upon the death or incapacity of the last donor or advisor for a period determined in the agreement (generally 40 years).

Name of Successor Advisor: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name of Successor Advisor: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**7. SIGNATURES**

I acknowledge that I have read the "Guidelines for Donors" and agree to its terms and conditions. Please prepare a "Donor Advised Fund Agreement" for me to review. I understand that I am under no obligation until I have signed that Agreement and sent you my contribution.

Signature of Donor 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Donor 2 \_\_\_\_\_ Date \_\_\_\_\_



**THANK YOU FOR CHOOSING THE CATHOLIC COMMUNITY FOUNDATION  
TO ASSIST YOU IN YOUR CHARITABLE GIVING.**

How did you hear of the Catholic Community Foundation?

\_\_\_\_\_ Mailing \_\_\_\_\_

\_\_\_\_\_ Advertising in: \_\_\_\_\_

\_\_\_\_\_ Referred By: \_\_\_\_\_

\_\_\_\_\_ Event: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Please mail or fax this completed form to the  
Catholic Community Foundation  
One Water Street West, Suite 200  
St. Paul, MN 55107 651-389-0300 - Fax 651-389-0650