



## Donor Information & Authorization

### Establishing a Donor-Advised Fund

(Please print and write in information OR download and fill in fields)

#### SECTION 1 Donor Contact Information

Donor(s):

Optional Second Contact for Donor(s):

\_\_\_\_\_  
(Names)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Business Phone)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Business Phone)

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
Advisor or Attorney:

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(Name)

To what address would you like quarterly fund reports sent? Home Business E-mail \_\_\_\_\_ (circle one)

If you would like an additional copy of the quarterly fund reports sent to another person, please indicate below:

\_\_\_\_\_  
(Name & Address)

#### SECTION 2: Name Your Fund – You have the privilege of naming your fund:

\_\_\_\_\_  
**SECTION 3: Grant and Community Acknowledgement** – Grants made from a fund to a charity are accompanied by a letter which includes the fund name and the donor's name and address, unless anonymity is requested.

Do you wish to remain anonymous?

May we list your Fund's name in IPCF publications?

Would you like grant recipients to know that your Fund is the source of their grant?

#### SECTION 4: Grantmaking

Please check all that apply:

- I would like to periodically receive information about community issues/concerns.
- I will contact you if I need services or information.
- Please periodically provide me with grantmaking suggestions in my area of interest.
- Contact me only when you have any questions about my suggestions.

**SECTION 5: Succession Plan**

At the death, incapacity or resignation of the Donor or donor advisor (choose ONLY ONE):

- Donor desires to name a successor advisor. (SEE SECTION 6 below)
- Donor desires to convert the balance of the Fund to a designated fund of IPCF, with the annual payout to be made to the following charity: \_\_\_\_\_ . (SKIP TO SECTION 7)
- Donor desires to convert the balance of the Fund to a field of interest fund of IPCF, with the annual distribution to be made, at discretion of the IPCF Board, to the following field: \_\_\_\_\_ . (SKIP TO SECTION 7)
- Donor desires to convert the balance of the Fund to an unrestricted fund of IPCF, to be used at the discretion of the IPCF Board. (SKIP TO SECTION 7)

**SECTION 6: Successor Election**

Donor hereby appoints the following person(s) to serve as advisor(s), effective:

- upon my death or incapacitation.
- immediately, and I hereby resign as advisor.
- on \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State Zip)

\_\_\_\_\_  
(City, State Zip)

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

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

Relationship to Donor:  
\_\_\_\_\_

Relationship to Donor:  
\_\_\_\_\_

Donor has discussed this appointment with the Designee Advisor, and the Designee Advisor has consented to serve as an advisor.

**SECTION 7: Signature**

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

Please return to: Illinois Prairie Community Foundation  
915 E. Washington St., Suite 2  
Bloomington IL 61701  
Phone (309) 662-4477