

NEW FUND FORM

Thank you for choosing to partner with Community Foundation of Marquette County in your giving. Please use this form to establish any type of fund at CFMC.



community foundationSM
of Marquette County

DONOR INFORMATION Please complete for every fund.

DONOR 1

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Preferred contact: _____

DONOR 2

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Preferred contact: _____

DONOR 1

Are you working with a professional adviser?

Attorney CPA Financial Planner Other

Professional Adviser's Name: _____

Business Name: _____

Mailing Address: _____

City, State, ZIP: _____

Business Phone: _____

E-mail: _____

DONOR 2

Are you working with a professional adviser?

Attorney CPA Financial Planner Other

Professional Adviser's Name: _____

Business Name: _____

Mailing Address: _____

City, State, ZIP: _____

Business Phone: _____

E-mail: _____

FUND TYPE AND NAME

CFMC offers different funds for donors to choose from. For more information on types of funds offered, contact CFMC. Please indicate type of fund(s) below.

Donor-Advised Fund Scholarship Fund Field-of-Interest Fund Designated Fund

Grants made from a fund at CFMC are identified with the name of the fund and the name of the donor(s) recommending the grant, unless you wish to remain anonymous. Please name your fund below:

Name of Fund: _____

Would you like to remain anonymous? Yes No

Would you like your fund name to remain anonymous? Yes No

TYPE OF GIFT TO CFMC

The donor(s) hereby assign(s), convey(s), transfer(s), and deliver(s) to CFMC the following described property:

- Cash in the amount of \$ _____
 - Securities, Publicly Traded (see information below)
 - Personal Property (please attach description)
 - Testamentary Gift (e.g. bequest, life insurance, or other planned gift), please specify:
 - Other, please specify: _____
-

Please provide us with the following information if you are transferring publicly traded securities. Please contact MCCF for transfer procedures on all gifts other than cash and publicly traded stock.

Name of Stock: _____

Number of Shares: _____

Approximate Value: _____

Investment Firm Name: _____

Broker's Name: _____

Broker's Business Phone: _____

Broker's Fax: _____

Broker's Email: _____

Name of Stock: _____

Number of Shares: _____

Approximate Value: _____

Investment Firm Name: _____

Broker's Name: _____

Broker's Business Phone: _____

Broker's Fax: _____

Broker's Email: _____

TYPE OF FUND Please complete sections for the fund(s) you are starting.

DONOR-ADVISED FUNDS

Donor establishing a donor-advised fund may designate people who will serve as advisers to the fund and who may make recommendations to CFMC regarding grant distributions from the fund. Donors may designate themselves as advisers, or they may designate others in addition to, or instead of, themselves.

Once designated, an adviser’s status can be revoked only in writing by the donor(s) establishing the fund. All advisers to the fund will receive fund reports and other mailings from CFMC.

ADVISER 1

If Adviser 1 is the same as Donor 1, check here.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Relationship to donor(s): _____

ADVISER 2

If Adviser 2 is the same as Donor 2, check here.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Relationship to donor(s): _____

Individuals establishing a donor-advised fund may choose to create a succession plan for their fund in the event that the initial adviser(s) to this fund die(s), resign(s), or is (are) otherwise unable to act in this capacity.

Transfer the balance of my fund to CFMC Grantmaking Program to support my community needs. If you have a particular area of interest (e.g. youth, arts, geographical area) please indicate below:

(if this option is checked, skip Successor Adviser Information Section).

SUCCESSOR ADVISER INFORMATION For donor-advised funds only.

A successor adviser is authorized to recommend grants from the fund in the event the adviser(s) named above die(s), resign(s), or is (are) herwise unable to act in this capacity. Once designated, a successor adviser’s status can be revoked only inw riting by the donor(s) establishing the fund. All advisers to the fund will receive fund reports and other mailings from CFMC. All successor advisers shall be entitled to designate in writing no more than two individuals to succeed them as advisers to the fund.

SUCCESSOR 1

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Relationship to donor(s): _____

SUCCESSOR 1

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Relationship to donor(s): _____

SCHOLARSHIP FUND

Donors may establish scholarship funds for the purpose of making grants to individuals to be used exclusively for tuition, fees, books, and supplies. Scholarships are never given directly to the student but instead are given to their educational institution. Scholarship funds are administered by CFMC in accordance with its scholarship guidelines and procedures.

Will you:

- Use CFMC general scholarship criteria and scholarship committee, or
- Create your own criteria and have CFMC convene a committee?

Suggested criteria for the scholarship fund: _____

FIELD OF INTEREST FUND

Donors establishing Field of Interest funds may recommend that the CFMC make distributions from the fund for certain charitable purposes. Please indicate the category/categories of interest (i.e. youth, arts, outreach) and/or the geographic area in support of which you would like distributions from the fund to be made.

DESIGNATED FUND AND NONPROFIT ENDOWMENT FUNDS

Donors or organizations establishing a designated fund or nonprofit endowment fund may recommend that distributions of income from the fund be made to one or more section 501(c)(3) public charities, or to support one or more endowment funds established by Section 501(c)(3) public charities at CFMC (collectively referred to as “qualifying charitable recipients”). Please indicate the qualifying charitable recipient(s) that you would like to receive distributions from the fund. In the case of nonprofit organization donors, please designate your organization and any other qualifying charitable recipients that you wish to receive distributions from the fund. Changes in designation can be made in writing to CFMC at any time. Please attach a separate sheet for more than three designees.

Name of Organization	Percent Payable
_____	%
_____	%
_____	%
	100%

FUND DISTRIBUTION AND LONGEVITY Please complete for every fund.

Funds established at CFMC can be established for different durations, from short term to in perpetuity. Please select how you would like your fund established:

Current Use Fund

(\$10,000 minimum, to be used within two years of being established)

Endowed

(\$10,000 minimum, Distributions of income only, subject to CFMC spending policy.

ACKNOWLEDGEMENT AND SIGNATURE – INDIVIDUAL DONORS

I acknowledge that I have read CFMC Donor Fund Terms and Conditions (attached hereto and incorporated herein by this reference) and agree to the terms and conditions set forth therein. I understand that any contribution, once accepted by CFMC, represents an irrevocable contribution to CFMC and is not refundable to me. I hereby certify that, to the best of my knowledge, al information presented on this form is accurate and truthful and that I will notify CFMC promptly of any changes to the information contained herein.

Donor 1 Signature _____ Date _____

Donor 2 Signature _____ Date _____

ACKNOWLEDGEMENT AND SIGNATURE – CORPORATE AND NON PROFIT ORGANIZATION DONORS

I acknowledge that I have read CFMC Donor Fund Terms and Conditions (attached hereto and incorporated herein by this reference) and agree to the terms and conditions set forth herein. I understand that any contribution, once accepted by CFMC, represents an irrevocable contribution to CFMC and is not refundable to the corporation/nonprofit organization. I hereby certify that, to the best on my knowledge, all information presented on this form is accurate and truthful and that I will notify CFMC promptly of any changes to the information contained herein. Please attach proof of authority to sign this document on behalf of the corporation/non profit organization.

Name of Corporation/Nonprofit Organization _____

Representative Name _____

Signature _____ Date _____

COMMUNITY FOUNDATION OF MARQUETTE COUNTY TO COMPLETE

Fees for this fund will be charged: when received quarterly in accordance with the
Foundation's current fee schedule.



community foundationSM
of Marquette County

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