

Start Your Own Fund

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alt. Phone Number: _____

Email: _____

I represent (check all that apply):

- Myself Family Business Nonprofit Organization Client

Profession: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

My charitable interests are (check all that apply):

- My community My faith organization Animals Arts and culture
 Education Environment Food insecurity Health
 Homelessness Senior citizens Veterans Youth
 Unsure Other (Please specify): _____

My priority is to (check all that apply):

- Solve specific, current, critical needs Help the largest number of people possible
 Make a significant difference in the lives of a few Support operations of a specific nonprofit program
 Support a new or existing nonprofit program Unsure
 Other (Please specify): _____

About Your Fund:

Proposed Fund Name: _____

Charitable Purpose: _____

Type of Fund

- Acorn Fund Unrestricted Fund Field of Interest Fund
 Designated Fund Donor Advised Fund Unsure

I want my fund to be (select all that apply):

- Endowed: This fund is permanent and will make grants forever.
 Quasi-endowed: This fund may include the principal investment but continue to make grants forever.
 Multi-generational: This fund's advisory right will pass down the multiple generations.
 Unsure

Will this Fund be anonymous?

- Yes No Unsure

I plan to make my initial gift:

- Immediately with cash
 Through a sale of appreciated assets
 Through my estate planning
 Unsure

My initial gift will be:

- \$500-\$1,500
 \$500,001 - \$1 million
 \$1,501 - \$50,000
 More than \$1 million
 \$50,001 - \$100,000
 Call me to discuss
 \$100,001 - \$500,000

I wish my Fund's assets to be invested:

- By the Foundation's approved investment managers
 By my outside investment manager according to the Foundation's approved investment policy statement (for gifts of more than \$250,000 only)

Legal and Financial Advisors (We will only contact your Legal and/or Financial Advisors with your permission.)

1. Advisor Name: _____

Type of Advisor (Check one):

- Attorney CPA Financial Planner Other _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alt Phone Number: _____

Email: _____

2. Advisor Name: _____

Type of Advisor (Check one):

- Attorney CPA Financial Planner Other _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alt Phone Number: _____

Email: _____

Please list any additional comments below.