



CANTON COMMUNITY FOUNDATION

Cultivating Dreams. Enhancing Lives.

DONOR FUND APPLICATION

*Trusted philanthropic leader, fostering cooperative partnerships
that connect community needs and the stewardship of gifted financial resources.*

50430 School House Rd, Suite 200, Canton, MI 48187 • 734/495-1200
www.cantonfoundation.org

Name of Fund:

(e.g. "Jane Smith Fund" or "Cherry Blossom Fund")

Memorial Fund
In memory of: _____

Corporate Advised Fund

Primary Fund Contact:

(See definitions below)

Fund Founder Fund Advisor

Name _____
 Male Female

Address Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Fax _____

Email Address _____

Company Name (if applicable) _____

Title _____

Secondary Fund Contact:

(See definitions below)

Fund Founder Fund Advisor Fund Rep.

Name _____
 Male Female

Address Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Fax _____

Email Address _____

Company Name (if applicable) _____

Title _____

Fund Founder: The donor(s) making the gift that will establish the fund. Individuals have full advisory privileges with the fund, including grant recommendation, investment pool recommendations, naming of successor advisors and other fund advisory privileges.

Fund Advisor: Individual who advises the fund through grant recommendations only.

Fund Representative: Individual who has access to fund information but no advisory pledges.

Fund Activity Statements:

Statements are published monthly to the online donor portal and mailed quarterly in hard-copy form, unless specified below:

- I do not wish to receive quarterly hard-copy statements.
 - Mail quarterly hard-copy fund statements to fund contact.
 - Additional Fund Advisors named on attached sheet.
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Fund Recognition: Grants are mailed with a custom grant letter listing the name of the fund and the fund's founders/advisors. Please specify below how you would like the founders(s)/advisor(s) to be indicated (e.g. *Mr. and Mrs. Jim Smith, Jim and Jane Smith, the Smith Family Fund*).

.....

Contact by Grantees: Organizations that receive grants from the fund may wish to send you information. Please indicate your contact preference for the custom grant letter. (Please indicate one.)

- Provide my home address
- Provide my business address
- Do not provide my address; please forward to me

Successor Advisor Election *(optional)*:

Fund founders may create a succession plan naming individuals to assume advisory privileges in the event of the Fund Founder and Fund Advisor's death, resignation, inability or unwillingness to advise the fund. Successor advisors are entitled to name their successors.

Successor Advisor #1:

Name _____ Male Female

Address _____ Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

Company Name (if applicable) _____

Title _____

Relationship to Fund Founder/Advisor _____

Successor Advisor #2:

Name _____ Male Female

Address _____ Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

Company Name (if applicable) _____

Title _____

Relationship to Fund Founder/Advisor _____

Successor Advisors will serve jointly unless otherwise noted in Special Instructions section on page 4.

- Additional Successor Advisors are named on attached sheet.
- I do not wish to name successor advisors.

In the event that the Fund Founder and/or Fund Advisor die, resign or are otherwise unable or unwilling to act in this capacity and no successor advisors are named, or at the end of the advisory period, the fund will be maintained in perpetuity as a separate fund of the Canton Community Foundation with grants issued according to the fields of interest listed in the fund agreement. If no fields of interest are named, grants will be awarded to support a wide range of community needs.

Fields of Interest (can be modified later with written notice):

Please tell us your general fields of interest for this fund. You may choose from the Foundation’s five strategic priority areas below, even adding greater specificity, or choose other fields to your liking.

- Quality Education _____

- Health Innovations _____

- Arts & Culture _____

- Environment & Sustainability _____

- Community Development & Improvement _____

- Other field(s) of interest (please list and attach as an addendum)

Referral Information:

Referred to Canton Community Foundation by _____

Relationship _____

If Professional Advisor, mailing address _____

City State Zip

Phone _____

Email _____

Professional Advisor’s company & title _____

Add my Professional Advisor as a Fund Representative

Fund Creation

Initial Gift \$ _____ Minimum \$10,000 required in order to establish a component fund of the Canton Community Foundation. Fund balance must reach \$10,000 within three years of inception and can only make grants once it reaches this balance. If the fund does not reach \$10,000 within three years, the fund’s assets may be added to the Foundation’s unrestricted fund ... but the fund name will be maintained.

Check made payable to the Canton Community Foundation

Securities

Publicly Traded

Privately Held *

Restricted*

Number of shares _____ Name of company _____

Other Type of Gift*

(Describe the gift, (e.g. real estate, wire transfer, personal property, insurance policy, credit card)

*Additional information will be required. Please contact the Canton Community Foundation at 743/495-1200.

Fund Duration

I have read the Donor Fund Terms & Conditions, and I intend that this fund will be (select one):

- Endowed:** The fund shall be maintained in perpetuity with the distributions subject to CCF's Spending Policy.
Thank you for creating a lasting charitable legacy. Please indicate if you would like to be recognized as a member of our Legacy Society: Yes No

OR

- Spendable:** All assets in this fund will be available for distribution and may exceed CCF's Spending Policy during the fund advisory period. Thereafter, distributions from the fund shall be subject to CCF's Spending Policy.
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Investment Allocation

Investment Management Options

- Foundation Managed:** Select from the following CCF Investment Pool options based on your grantmaking goals:
- Long-term Pool (long-term growth and grantmaking/for funds with time horizons of 7 or more years).
 - Intermediate Pool (moderate growth and grantmaking/for funds with time horizons of 3-7 years).
 - Short-term Pool (capital preservation in exchange for minimal growth/for funds with time horizons of 0-2 years).

- Externally Managed:** (For funds of at least \$100,000) Asset manager's name and phone number:
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Estate Planning

- I have remembered the Canton Community Foundation in my estate plans.
- I would like to receive information about including CCF in my estate plans by :
 U.S. Mail Email Phone Call
- I would like to receive information about life income gifts to CCF by:
 U.S. Mail Email Phone Call
-

Fund/Donor Recognition Preferences

- Do not list my name on donor-advisor or fund-advisor listings.
- Do not include this fund in any published fund listings.
- I am willing to be featured in CCF publications/websites and interviewed for media stories.
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Acknowledgements & Signatures

I acknowledge that I have received and read the Canton Community Foundation's Donor Fund Terms & Conditions dated _____ and agree to the terms, fees and conditions described therein. I understand any contribution, once accepted by the Canton Community Foundation's Board of Directors, represents an irrevocable contribution to the Canton Community Foundation. I understand CCF will use the information in this application to prepare a Donor Fund Agreement which will be used by the Foundation to govern the fund.

I hereby certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Canton Community Foundation promptly of any changes.

Donor or Agent Signature

Print Name

Donor or Agent Signature

Print Name

Date