

DONOR SERVICES



Establishing a New Fund

Fund name: _____ Date: _____

We suggest a simple and easy-to-remember fund name—does not need to include donor names if anonymity is preferred

Grants from this fund will support: _____

Only nonprofit entities such as 501(c)3 organizations, schools, houses of worship or municipalities may receive grants from the fund

Estimated initial gift establishing the fund: _____

Fund Establisher Information

Name: _____
PREFIX

Date of birth: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Name: _____
PREFIX

Date of birth: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Please keep donor information anonymous on grants from this fund

Additional Fund Contacts (IF APPLICABLE)

Name: _____
PREFIX

Date of birth: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Please check all that apply:

- Document signer
- Authorized contact
- Recipient of fund documents
- Successor advisor

Relationship to fund establisher: _____

Name: _____
PREFIX

Date of birth: _____

Email address: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Please check all that apply:

- Document signer
- Authorized contact
- Recipient of fund documents
- Successor advisor

Relationship to fund establisher: _____

Additional Notes

Comments:

Who referred you to the CFO?

*Please return the completed form to your contact at the Community Foundation of the Ozarks, P.O. Box 8960, Springfield, MO, 65801
Phone: (417) 864-6199 - Fax: (417) 864-8344*





New Fund Information

Fund name: _____ Steward: _____

Division: Springfield Regional Affiliate: _____

Who is establishing this fund: Individual/family Business Affiliate foundation Other: _____

Type of gift: Check Credit card Wire transfer Stock/security transfer Other: _____

Include Legacy Society form with fund documents

Donor opting out of e-signature

Advisor-managed fund—name of advisor: _____

Type of Fund

Unrestricted — \$10,000 minimum to establish

Scholarship endowment — \$25,000 minimum to establish; complete separate criteria form

DONOR-ADVISED _____

Endowment — \$25,000 minimum to establish

Flexible — Any amount above \$25,000 is spendable

Non-endowed — No minimum to establish, must reach \$2,500 to grant

Corporate grantmaking — Non-endowed, no minimum to establish, must reach \$2,500 to grant

FIELD-OF-INTEREST _____

Endowment — \$10,000 minimum to establish

Non-endowed — Benevolence and YEP funds only

Giving circle — \$2,500 minimum to establish

DESIGNATED _____

Funds will distribute to: _____

Endowment — \$10,000 minimum to establish

Non-endowed — \$2,500 minimum to establish

Additional Notes