

# Donor Advised Fund Application Form



The Catholic Foundation  
of Central Florida

Thank you for your interest in establishing a Donor Advised Fund with The Catholic Foundation of Central Florida and for providing the information below. After completing this form, please email to [mweed@cfof.org](mailto:mweed@cfof.org) or mail to: The Catholic Foundation of Central Florida, ATTN: DAF Program, P.O. Box 4905, Orlando, FL 32802. With the information provided, we will provide a draft of your Fund Agreement within 10 days of receiving this application.

Today's Date

## FOUNDING DONOR INFORMATION

\_\_\_\_\_

### Founding Donor/Advisor 1:

Mr./Mrs./Ms. \_\_\_\_\_

Name of business (if corporate fund) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth (*Optional*) \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

### Founding Donor/Advisor 2:

Mr./Mrs./Ms. \_\_\_\_\_

Name of business (if corporate fund) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth (*Optional*) \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

I/We prefer to be contacted by:      email                              phone (Business/Home/Cell)

## FUND NAME

You may propose a name for this donor advised fund. Please note fund names do not include the words "Foundation" or "Trust" unless that is part of the legal name of the entity establishing the fund.

Proposed name of fund: \_\_\_\_\_ Fund

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## ANONYMITY

Grants from the fund are accompanied by a letter to acknowledge the donor advised fund from which the grant was recommended. If anonymity is preferred, please check a box below. If neither box is checked, individual grants can be marked anonymously at the time of submission.

Please list my fund name in the grant letter.

Please make all grants completely anonymous, excluding my fund name in any correspondence.

## DONOR PORTAL

Our Donor Portal is an online service provided to Donor Advisors. This online tool allows you 24-hour access to view your fund information and make online grant recommendations. When establishing a new fund, you are automatically enrolled to access this online service. You will receive a welcome email sent to the email address provided once the fund is established. Please confirm the main email address you would like to use for this service.

Confirm email address \_\_\_\_\_

## INITIAL DEPOSIT

I/We are establishing the Donor Advised Fund as a:

**DAF Transfer Philanthropist** (\$5,000 minimum) with an initial deposit of \$\_\_\_\_\_ to establish the Fund, which will be coming from our current Donor Advised Fund held at \_\_\_\_\_

**New DAF Philanthropist** (\$5,000 minimum) with an initial gift of \$\_\_\_\_\_ to establish the Fund, which I/we plan to make via:

Check      Credit Card      Wire Transfer      Appreciated Securities (Stock)

Other \_\_\_\_\_

## ADVISORS TO THE FUND

Please list the Initial Advisor(s) to the Fund (if different than Founding Donor(s)). Initial Advisors have full advisory privileges for the Fund including the ability to make grant recommendations. If the Founding Donor(s) are the Initial Advisors, please leave this section blank.

### Advisor 1

Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

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Email \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

## Advisor 2

Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

## Optional Information

### SUCCESSOR ADVISORS TO THE FUND

Please name the Successor Advisor(s) to this fund. Successor Advisor is one or more additional fund advisors who will serve after the Initial Advisor(s). Each Successor Advisor must be a family member of the donor and must be within one (1) generation of the Initial Advisor.

#### Successor 1

Dr./Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Donor \_\_\_\_\_

Do not contact or involve at this time

This person is allowed view-only access on Donor Portal

#### Successor 2

Dr./Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Donor \_\_\_\_\_

Do not contact or involve at this time

This person is allowed view-only access on Donor Portal

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## Successor 3

Dr./Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Donor \_\_\_\_\_

Do not contact or involve at this time

This person is allowed view-only access on Donor Portal

## Optional Information

### REVIEWER(s)

If you are interested and would like for your professional advisor(s) to have access to information regarding the account, such as balances, donation and grant history and recent activity, please provide their contact information below. We will provide you with a sample letter that you can forward to your professional advisors making them aware of your new fund. If not, please leave this blank.

#### Accountant:

Mr./Mrs./Ms. \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

You may discuss my fund with this person

This person is allowed view-only access on Donor Portal

#### Attorney:

Mr./Mrs./Ms. \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

You may discuss my fund with this person

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## Financial Advisor:

Mr./Mrs./Ms. \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

You may discuss my fund with this person  
This person is allowed view-only access on Donor Portal

## AREAS OF CHARITABLE INTEREST

By showing your areas of interest and organizations you currently support, we can continue to build our list of pre-approved organization that align with your charitable interest. While you are not required or restricted to support these areas, please check the types of charities that you would generally support (check all that apply):

Faith Formation

Health/Research

Education

Social Services

Poverty/Homelessness

Vocations/Clerical Life

Organization I/We currently support \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have no specific area of interest

How did you hear about The Catholic Foundation Donor Advised Fund program?

Financial Advisor

Friend or family member

Florida Catholic

The Catholic Foundation E-Newsletter

Social Media

The Catholic Foundation website

Other \_\_\_\_\_

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## YOUR SIGNATURE

All selections of Fund Advisors and Reviewers must comply with the requirements of the Donor Advised Fund Agreement and the Terms and Conditions and are subject to approval of and acceptance by The Catholic Foundation of Central Florida. Please sign and date:

Founder 1 \_\_\_\_\_ Date \_\_\_\_\_

Founder 2 \_\_\_\_\_ Date \_\_\_\_\_

Thank you again for your interest in establishing a Donor Advised Fund with The Catholic Foundation of Central Florida. Upon receipt of this application, we will draft a Fund Agreement and provide you with the Donor Advised Funds Terms & Conditions (also available to view now at [www.cfocf.org/DAF](http://www.cfocf.org/DAF)). Your DAF will be established once the Fund Agreement is signed by you and The Catholic Foundation of Central Florida and the initial deposit is received. We look forward to working with you to achieve your philanthropic goals.



The Catholic Foundation  
of Central Florida

50 E. Robinson St., Orlando FL 32801

Phone: (407) 246-7188 Email: [mweed@cfocf.org](mailto:mweed@cfocf.org) [WWW.CFOCF.ORG](http://WWW.CFOCF.ORG)