

Fund Information Form

Section A: Donor/Fund Establisher Contact Information – (If Business, List Only One Donor)		
Donor (Title, Full Legal Name):	Donor (Title, Full Legal Name):	
Nickname/Preferred Name:	Nickname/Preferred Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Date of Birth:	
Preferred E-mail:	Preferred E-mail:	
Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	
Preferred Address:	Preferred Address:	
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Natvie <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Natvie <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:	
Section B: Fund Information		
Fund Name:		
Fund Type: <input type="checkbox"/> Donor-Advised <input type="checkbox"/> Designated <input type="checkbox"/> Scholarship <input type="checkbox"/> Business-Advised <input type="checkbox"/> Other:		
Endowment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section C: Initial Contribution – (Please Select)		
<input type="checkbox"/> Cash/Check	Amount:	
<input type="checkbox"/> Securities Type of Shares:	Approx. Value: Number of Shares:	
<input type="checkbox"/> Other:	Amount:	
Section D: Recognition: Choose one of the following options to identify your preference for being listed on CFT’s Website, in publications, or other CFT materials that contain fund names.		
<input type="checkbox"/> Print Fund Name Only	<input type="checkbox"/> Do Not Print Fund Name	
Section E: Grant Acknowledgement: Please choose how you would like to be listed on grant payments to nonprofits for acknowledgment purposes. (Fund name will always be listed unless anonymous)		
<input type="checkbox"/> Fund Name Only	<input type="checkbox"/> Donor Name(s)	<input type="checkbox"/> Fund and Donor(s) are Anonymous
Address Preference: <input type="checkbox"/> Preferred Address <input type="checkbox"/> No Address <input type="checkbox"/> Other Address:		

Section F: Successor Advisors: Successor advisors must be listed in the fund agreement. Use as many pages as you need for this section.

Successor Advisor (Title, Full Legal Name):	Successor Advisor (Title, Full Legal Name):
Nickname/Preferred Name:	Nickname/Preferred Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Date of Birth:
Preferred E-mail:	Preferred E-mail:
Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business
Preferred Address:	Preferred Address:
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Natvie <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Natvie <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Prefer to Self-Describe:
Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No	Should receive communications from CFT (check one): <input type="checkbox"/> Yes or <input type="checkbox"/> No
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Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business
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Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	Preferred Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business
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Preferred Address:	Preferred Address:
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Section G: Investment Plan: (If your fund is Endowed – Your Investment Selection is Endowment)
 Choose one of the following investment plans:

<input type="checkbox"/> Balanced	<input type="checkbox"/> Growth	<input type="checkbox"/> Income	<input type="checkbox"/> Short-Term <i>(18 months or less)</i>	<input type="checkbox"/> Social Impact	<input type="checkbox"/> Endowment <i>(Endowed Funds Only)</i>
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Section H: Philanthropic Interests: Please select any areas of philanthropic giving or organizations to list in your fund agreement

Animals
 Arts & Culture
 Education
 Elderly
 Environment
 Health
 Racial Equity
 Social Services
 Veterans
 Youth
 Other Philanthropic Interests/Organizations:

Section I: Fund Holder Opportunities: Please select any fund holder services or opportunities that are of interest to you and/or your family/company

Cause-Minded Conversations
 Community Events
 Family Meetings
 GiveWisely
 Individual/Family Volunteer Opportunities
 Non-Profit Site Visits
 North Texas Giving Day Special Events

Section J: Signature(s)

Donor/Establisher Signature:	Date:
Donor/Establisher Signature:	Date:
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Donor/Establisher Signature:	Date: