

New Fund Information Form
Community West Foundation
 20545 Center Ridge Road, Suite 448
 Cleveland, Ohio 44116
 (216) 476-7060
www.communitywestfoundation.org



Section 1: Fund Information

Gifts made from a fund held at the Community West Foundation to a charity are accompanied by a letter which includes the name of the fund (e.g. The Smith Family Fund) and the name and address of the donor(s) recommending the grant, unless anonymity is requested.

Fund Name:			
This fund is:	<input type="checkbox"/> Donor Advised	<input type="checkbox"/> Field of Interest	<input type="checkbox"/> Designated
<i>(please refer to Guidelines for Establishing a Fund)</i>	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Restricted	<input type="checkbox"/> Unrestricted
Its purpose is:			

Section 2: Donor Information

For two or more donors, please specify if one, both or all of the donors should receive correspondence if the mailing addresses are different. Please attach additional sheets if necessary.

Donor 1			Donor 2		
Name			Name		
Date of Birth	Social Security Number/EIN		Date of Birth	Social Security Number/EIN	
Address			Address <input type="checkbox"/> Same as Donor 1		
City	State	Zip	City	State	Zip
Home phone ()			Home phone ()		
Business phone ()			Business phone ()		
E-mail address:			E-mail address:		
Fax ()			Fax ()		

Seasonal address: _____
 Street City State Zip

Date from: _____ Date to: _____ Telephone: _____

Send correspondence to: Donor 1 Donor 2 All Donors Listed

How would you like your name(s) listed in the Annual Report? Anonymous

How would you like to be acknowledged by grantee organizations?

Section 3: Contribution Information

My contribution: \$ _____ Check # _____

To contribute stock certificates: *(Held in personal possession)*

Make payable to: Community West Foundation
20545 Center Ridge Road, #448
Cleveland, Ohio 44116

Name of stock: _____
Number of shares: _____
Approximate value: _____

Please call 216.476.7060 if you have any questions.

To contribute stock certificates: *(Held at financial institution)*

Name of stock: _____
Number of shares: _____
Approximate value: _____
Name of broker: _____
Broker phone number: _____

Section 4: Successor Charitable Interest(s)

Donor may choose to give funds as unrestricted to meet future needs of the community. Or, donor may choose to recommend to the Board of Trustees one or more fields of interest to guide grantmaking in perpetuity after the death(s) of the donor(s) and/or authorized advisor(s). Check areas of interest:

Unrestricted

Designated

Area or field of interest: _____

Section 5: For Donor Advised Funds Only

Information on individuals(s) who will advise regarding distributions from the Fund. Please list any additional advisors on back of this form.

Advisor 1

Advisor 2

Name	Name
Company	Company
Address	Address
City State Zip	City State Zip
Phone	Phone ()
Fax	Fax ()

Do you work with one or more professionals whom you have authorized to make recommendations regarding contributions to or distributions from the Donor Advised Fund?

Attorney

Trust Officer/Other Banker

Accountant

Financial Services Professional

Name of Professional #1	Name of Professional #2
Company	Company
Address	Address
City State Zip	City State Zip
Phone ()	Phone ()
E-mail address:	E-mail address:
Fax ()	Fax ()

Section 6: Signature(s)

I understand that any contribution, when accepted by the Board of Trustees, represents an irrevocable contribution to the Community West Foundation and is not refundable to me. I have read the "Guidelines for Establishing a Fund" and accept its terms and conditions. (Please attach any additional donor signatures.)

Donor 1 Signature: _____

Date: _____

Donor 2 Signature: _____

Date: _____

Foundation Signature: _____

Date: _____