

Donor Advised Fund Worksheet



Whatcom
Community Foundation

1500 Cornwall Avenue, Suite 202, Bellingham, WA 98225 | 360-671-6463 | www.whatcomcf.org

Name of Fund

(e.g., "Mary Smith Fund" or "Foothills Fund")

Memorial Fund? In Memory or in Honor of:

Fund Description – share your story

(Optional)

Contact by Grantees: Organizations that receive grants from the fund may wish to send you information. We do not provide your address to outside parties.

Please check here if you would like us to forward correspondence from grantees

FOR OFFICE USE ONLY
STAFF PERSON INITIATING FUND _____
STAFF CONTACT _____
Date added to CS _____

Fund Advisor: *(See definitions below)*

Name(s)

Address

City State ZIP

Preferred Phone

Email Address

Additional Fund Contact:

(To receive copies of statement)

Name

Address

City State ZIP

Preferred Phone

Email Address

Referral Information

Referred to Whatcom Community Foundation by

Relationship

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

Fund Contact: Individual who has access to fund information but no advisory privileges.

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Organizations I/We Care About:

(Can be modified at any time)

My/Our Philanthropic Goal(s):

Causes that Matter to Me/Us:

- Hunger & Poverty
- Economic Development
- Food & Agriculture
- Environment
- Health & Wellness
- Education
- Arts & Culture
- Building Community
- Strengthening Nonprofit Organizations
- Other _____

Fund Creation

Initial Gift: \$_____ a minimum gift of \$5,000 is required to establish a non-endowed fund of the Whatcom Community Foundation. A minimum gift of \$10,000 is required to establish an endowed fund.

- Check made payable to Whatcom Community Foundation
- Securities (Complete the Securities Transfer Letter and refer to WCF's Wire Transfer Instructions, or call 360-671-6463 for assistance)
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 us at 360-671-6463

The Fund for Whatcom County and the Leadership Fund

These two funds enable us to address community needs and opportunities by making direct grants, conducting research, and building partnerships, ensuring results that make a positive impact in the community. They also allow us to respond to emergency needs. Your support helps these permanent charitable resources to grow. Please consider supporting these two funds with an additional gift today.

Additional Gift Today:

- Yes!** I/We would like to make an additional gift today of \$_____ to:
 - The Fund for Whatcom County: *thoughtful, responsive grantmaking*
 - The Leadership Fund: *innovative programs & services at the Foundation*

TOTAL GIFT TO WCF TODAY: \$ _____



Fund Policies & Duration

I/We have read the Spending Policy, the Donor Advised Fund Policy, the Administrative Service Fee Policy, and the Investment Policy, and I/We intend that this fund will be: *(Select one)*

- Endowed.** The fund shall be maintained in perpetuity with distributions subject to WCF's Spending Policy.

I/We have read the Endowment Policy and the Spending Policy

OR

- Non-Endowed.** All assets in this fund will be available for distribution. You may request an investment option form if you would like to have these funds invested in a midterm investment pool.

Investment Management Options for Endowed Funds

Select from the following WCF Investment Pool options:

- Long-Term Pool (long-term growth and grantmaking)
- Socially Responsible Pool (social and environmental concerns incorporated into investment choices)
-

Estate Planning

- I/We have included the Whatcom Community Foundation in my estate plans.
- I/We would like to receive information on including the Foundation in my estate plans.

Fund/Donor Recognition Preferences

- I/We are willing to be featured in WCF publications/websites.
- Please do not include the name of my/our fund in any published fund listings.
- I/We wish to remain anonymous.

Policy Checklist

- I/We acknowledge that I/We have received and read the Whatcom Community Foundation's Donor Advised Fund Policy, the Administrative Fee Policy, and the current Spending Policy, and agree to the terms, fees and conditions described therein.
- I/We acknowledge that I/We will be given online access to my/our fund through the donor portal on WCF's website, and will also receive quarterly fund statements via mail or email, according to my/our preference.
- I/We understand any contribution, once accepted by the Whatcom Community Foundation Board of Directors, represents an irrevocable contribution to the Whatcom Community Foundation. The Whatcom Community Foundation Board of Directors has variance power under IRS regulations, and this gift is not refundable to me/us. I/We hereby certify, to the best of my knowledge, that all information presented in connection with this form is accurate, and that I/We will notify the Whatcom Community Foundation promptly of any changes.

Donor initials & date

Staff initials & date

Staff Notes
