



## MCCF Proposed Donor Advised Fund Worksheet

### Donor Contact Information

Name of Donor/Founder \_\_\_\_\_

Phone Number of Donor \_\_\_\_\_

Address of Donor \_\_\_\_\_

Date \_\_\_\_\_

### FUND NAME

Proposed Name of New Fund \_\_\_\_\_

\_\_\_\_\_

Montgomery County Community Foundation lists names of funds in its Annual Report and other materials unless otherwise indicated. Do you want your fund listed in MCCF materials? (Please check one.)

\_\_\_\_\_ Yes, I authorize the Foundation to use the Fund name in Foundation materials.

\_\_\_\_\_ No, I prefer to be anonymous. Do not list my fund in MCCF materials.



# MONTGOMERY COUNTY COMMUNITY FOUNDATION

281.363.8158 • [mccfoundation.org](http://mccfoundation.org)

2001 Timberloch Place, Suite 500 • The Woodlands, TX 77380

## INITIAL FUND DONATION

Initial donation \$ \_\_\_\_\_ Effective date \_\_\_\_\_

## ADVISORS TO THE FUND

Please list the initial advisor(s) to the fund (if different than founders). Note: All advisors serving at a given time must sign grant recommendations from the fund unless specified otherwise.

Advisor # 1

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Advisor #2

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_



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## Successor Advisors

If any, please name the successor advisors to your fund. Succession can revert back to the Foundation Board of Directors, or advisors can represent two generations of a family (usually the founder and the founder’s children). The following Successor Advisors will serve alternately on an annual rotating basis.

Advisor # 1

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Advisor #2

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Advisor #3

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_



**Areas of Charitable Interest**

In order to serve you better, we request that you provide us with the following optional information.

1. What types of charities do you wish to give special consideration for fund distributions (Check all that apply)?

\_\_\_ Arts and Culture \_\_\_ Environment \_\_\_ Education \_\_\_ Human Services

\_\_\_ Other (please name)

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

2. What types of charities do you wish **not** to be considered for fund distributions?

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

**Authorization to Initiate Formulation of Donor Advised Fund Agreement**

Please sign and date:

\_\_\_\_\_  
**Donor/Founder**

\_\_\_\_\_  
**Date**