



# FUND AGREEMENT

Please contact the Rockland Community Foundation with any questions when completing this form.

**Type of Fund:**

\_\_\_\_\_ Donor Advised    \_\_\_ Endowed    \_\_\_ Non-endowed            \_\_\_\_\_ Agency (Designated)    \_\_\_ Endowed    \_\_\_ Non-endowed  
\_\_\_\_\_ Scholarship    \_\_\_\_\_ Field of Interest    \_\_\_\_\_ Committee Advised    \_\_\_\_\_ Project Fund

**Initial Gift: \$** \_\_\_\_\_ *Please make your check payable to the Rockland Community Foundation*  
*If you are interested in transferring stocks, mutual funds, real estate or other personal property additional information will be required. Please contact us at 845-947-2868.*

**Name of Fund or Field of Interest** \_\_\_\_\_  
*Project Funds must attach project outline*

**For Designated Funds – provide name of Non-Profit Organization** \_\_\_\_\_  
*Please attach documentation indicating current 501 (c) (3) non-profit status of organization(s) supported*

**Primary Contact or Fund Advisor Name**

Mailing Address

Home phone

Cell phone

Business phone

Email

Company Name

Title

**Secondary Contact Name / Optional**

Mailing Address

Home phone

cell phone

business phone

Email

Company Name

Title

**SPECIAL INSTRUCTIONS**

The Rockland Community Foundation includes information about funds, donors and grantees in its various publications and online media as well as in periodic press releases to the general media community. Please indicate your preferences below:

List the name of the fund Yes \_\_\_\_\_ No \_\_\_\_\_

List my name as a donor Yes \_\_\_\_\_ No \_\_\_\_\_

List grant activities Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want your name(s) as Fund Advisors listed on grants made from the fund? Yes \_\_\_\_\_ No \_\_\_\_\_

Organizations and groups that have received grants from your fund may wish to contact you directly. Please indicate your preference below:

\_\_\_\_ Use my home address \_\_\_\_ Use my business address \_\_\_\_ Do not provide my address \_\_\_\_ Please forward my mail (additional fees apply)

**Annual donation to the RCF Founders Fund.** RCF asks all fund holders to consider supporting the RCF Founders Fund with an annual donation. This fund supports essential RCF operations and board-directed grant activities. Founders fund supporters are listed on our web site and in our annual report. Your generous donation will be deducted from your fund at the end of the calendar year:

Opt-in \_\_\_\_\_ Dollar amount (select one) \$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ Other \$ \_\_\_\_\_ or percentage of fund \_\_\_\_\_%

**Successor Election** (optional and applies only to Donor Advised Funds; can be added at a later date)

Fund Advisors establishing a Donor Advised Fund may create a succession plan for the fund. Individuals named as advisors are authorized to recommend grants and investment allocation changes, change the fund name or appoint additional advisors and successor advisors. The donor and any advisor may designate any person to be a successor advisor and assign the rights and duties associated with the fund upon an advisor’s death or resignation. A successor advisor is authorized to recommend grants from the fund (subject to the Rockland Community Foundation’s variance power) in the event the Fund Advisor(s) named above dies, resigns or is otherwise unable or unwilling to act in this capacity. Please indicate a maximum of two successor advisors. Successor advisors must be at least 18 years old to recommend a grant. If the successor advisor is under 18 years of age, The Rockland Community Foundation will work with the minor’s guardian to facilitate grants from the fund.

\_\_\_\_\_  
#1 - Successor Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship to Fund Advisor(s)

\_\_\_\_\_  
#2 - Successor Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship to Fund Advisor(s)

\_\_\_\_\_ I do not wish to name successor advisor(s)

In the event that the initial donor(s) and/or advisor(s) to this fund dies, resigns or is otherwise unable or unwilling to act in this capacity and no successor advisors are named, the balance of the fund will be transferred to the Rockland Community Foundation General Fund to support community needs.

**Acknowledgement & Signatures**

I acknowledge that I have been given the Rockland Community Foundation "Terms & Conditions" and agree to the terms, fees and conditions applicable to the type of fund that I have elected to create and described therein. I understand any contribution, once accepted by the Rockland Community Foundation Board of Directors, represents an irrevocable contribution to the Rockland Community Foundation and will become a component fund of the Rockland Community Foundation. The Rockland Community Foundation Board of Directors has variance power under IRS regulations, and this gift is not refundable to me.

**Option to incrementally fund your Donor Advised Fund**

\_\_\_\_\_ I wish to fund my **Donor Advised Fund** incrementally over five (5) years. I understand that failure to fully finance the fund at \$5000.00 within five (5) years from the date of inception of the fund will result in my forfeiting all privileges to advise the fund. The remainder of the funds, principal and interest will transfer to the Rockland Community Foundation General Fund and the Board of Directors of the Rockland Community Foundation shall assume responsibility for distributing income and principal in accordance with the purposes set forth in the Rockland Community Foundation bylaws.

**I hereby certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Rockland Community Foundation promptly of any changes.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**The Rockland Community Foundation**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Please mail this form to:  
The Rockland Community Foundation  
P.O. Box 323  
New City, NY 10956  
845-947-2868  
[info@rocklandgives.org](mailto:info@rocklandgives.org)  
[www.rocklandgives.org](http://www.rocklandgives.org)