

**1. SELECT DONOR(S)**

**Donor #1**

Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

<b>Name</b> ( <i>First, Middle, Last</i> ):	
<b>Nickname</b> ( <i>If applicable</i> ):	
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Employer:</b>	<b>Position:</b>
<b>Home Phone:</b>	<b>Business Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>
<b>Fax:</b>	<b>Date of Birth</b> ( <i>mm/dd/yyyy</i> ):

**Donor #2**

Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

<b>Name</b> ( <i>First, Middle, Last</i> ):	
<b>Nickname</b> ( <i>If applicable</i> ):	
<b>Mailing Address</b> ( <i>If different from above</i> ):	
<b>City, State, Zip Code</b>	
<b>Employer:</b>	<b>Position:</b>
<b>Home Phone:</b>	<b>Business Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>
<b>Fax:</b>	<b>Date of Birth</b> ( <i>mm/dd/yyyy</i> ):

**How would you like to be addressed in fund correspondence?** (e.g., Dr. and Mrs. John A. Smith; Joan and John Smith, etc.)

- Check here if one of the donors listed above will serve as the Fund Main Contact (*The Fund Main Contact is the individual serving as the primary contact for all account communications*):  
 Donor #1    Donor #2

**2. ADVISOR INFORMATION**

If an advisor guided you to Tahoe Truckee Community Foundation, please fill out the following section.

<input type="checkbox"/> Accountant		<input type="checkbox"/> Estate Planning Attorney	
<input type="checkbox"/> Financial Advisor		<input type="checkbox"/> Other:	
Advisor Name		Firm Name	
Day Phone		Email Address	
Mailing Address			
City, State, Zip Code			
<p>If you would like your advisor to have rights to certain aspects of your fund please check the boxes below</p> <input type="checkbox"/> Primary contact for all fund communications in lieu of donor(s) ( <i>Fund Main Contact</i> ) <input type="checkbox"/> Should have rights to perform transactions on the donor's behalf ( <i>Signatory</i> ) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements ( <i>Fund CC</i> )			

**3. NAME ADDITIONAL CONTACTS** You may authorize individuals other than the Donors to serve as primary contact for the fund, receive duplicate statements, obtain information and/or perform transactions on your behalf. Attach additional sheets, if necessary.

- Mr.    Mrs.    Ms.    Miss    Dr.    Other: \_\_\_\_\_

Name ( <i>First, Middle, Last</i> ):	
Employer:	Position:
Mailing Address	
City, State, Zip Code	
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Fax:	Date of Birth ( <i>mm/dd/yyyy</i> ):
<p><b>Relationship to Fund:</b></p> <input type="checkbox"/> Primary contact for all fund communications in lieu of donor(s) ( <i>Fund Main Contact</i> ) <input type="checkbox"/> Should have rights to perform transactions on the donor's behalf ( <i>Signatory</i> ) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements ( <i>Fund CC</i> )	

Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

<b>Name</b> ( <i>First, Middle, Last</i> ):	
<b>Employer:</b>	<b>Position:</b>
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Home Phone:</b>	<b>Business Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>
<b>Fax:</b>	<b>Date of Birth</b> ( <i>mm/dd/yyyy</i> ):
<b>Relationship to Fund:</b> <input type="checkbox"/> Primary contact for all fund communications in lieu of donors ( <i>Fund Main Contact</i> ) <input type="checkbox"/> Should have rights to perform transactions on the donor's behalf ( <i>Signatory</i> ) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements ( <i>Fund CC</i> )	

3. **NAME YOUR FUND** (e.g., Smith Family Foundation, Unicorn Foundation, etc.) Grants made to charities are accompanied by a letter which includes the Fund name, unless anonymity is specifically requested. (*Limit: 60 characters*)

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4. **RECOMMEND AN INVESTMENT POOL** You may recommend how your fund's contributions should be allocated. *If you do not make a recommendation, your contributions will be allocated to our Short-Term Liquidity Pool.* For more investment pool information, please see TTCF's *Charitable Fund Guidelines*.

- Permanent Pool:** The permanent pool is invested for long-term growth and appreciation across multiple investment managers. The targeted asset allocation of this pool is 45 percent domestic and international equities, 20 percent fixed-income, 25 percent alternative investment strategies, and 10% inflation hedge investments. This is the primary vehicle used by TTCF for the investment of its permanent funds.
- Short-Term Liquidity Pool:** This pool is designed for funds with short-term purposes or goals. Its holdings include money market, commercial paper and short-term bonds with a goal of principal preservation and income generation.

5. **DESIGNATE SUCCESSOR(S)** What would you like to happen to your fund after you pass? Our Donor Relations staff is a resource for questions about the future use of your fund, structuring future family or successor advisor involvement and integrating your fund into your overall tax and estate plans. *If no successor is elected during your lifetime your fund will be turned into a Field of Interest fund reflecting your grantmaking history.* Your options as a fund holders are listed below.

- I wish the fund to become part of TTCF's **Fund for the Common Good**, supporting the most pressing charitable needs in communities throughout North Lake Tahoe. \_\_\_\_\_%
- I wish to designate a **field of interest** (e.g. healthcare, animal welfare), **particular community** (e.g. North Lake Tahoe), **population** (e.g. at-risk youth), or **specific nonprofit organizations** to receive ongoing support from my fund. \_\_\_\_\_%

Please specify:

I wish to name the **following individual(s) as successor advisors\*** to my fund: \_\_\_\_\_%

Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

<b>Name</b> ( <i>First, Middle, Last</i> ):	
<b>Relationship to Donor:</b>	
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Home Phone:</b>	<b>Business Phone:</b>
<b>Email Address:</b>	<b>Cell Phone:</b>
<b>Fax:</b>	<b>Date of Birth</b> ( <i>mm/dd/yyyy</i> ):

\* Funds passed to a successor advisor are subject to our spending policy as described in the Charitable Fund Guidelines. If you wish to add more than one successor advisor, please attach an additional sheet of paper with the above information for each individual.

**6. CHARITABLE INTERESTS** Please check all grantmaking issue areas that most interest you in relation to your fund and that you would be willing to support with your grants:

- Affordable Housing
- Animal Welfare
- Arts
- Education
- Environment
- Health
- Human Development (*i.e. Race Relations, Job Development & Training, Career/Technical ed.*)
- Neighborhood Revitalization
- Seniors
- Youth
- Other: \_\_\_\_\_

**7. REFERRAL SOURCE** Please tell us how you first heard about Tahoe Truckee Community Foundation. If the sources were multiple, *please check and identify the one that had the biggest impact.*

- From a friend or associate: \_\_\_\_\_
- From a TTCF employee: \_\_\_\_\_
- From a TTCF Board Member: \_\_\_\_\_
- From an attorney, advisor, CPA, or other professional: \_\_\_\_\_

TTCF Website

Other: \_\_\_\_\_

## 8. DONOR SERVICES

Philanthropic consultation is a great way to create a plan for your philanthropy. When would you like to have a conversation?

Within the first 3 months my fund is open

3 – 6 months after my fund is open

6 – 9 months after my fund is open

9 – 12 months after my fund is open

Every year near my fund's anniversary

- **Philanthropic consultation** is a complimentary personalized service provided by the donor services team. These consultations involve informative discussions and use TTCF's team of experts to help identify grantmaking opportunities, establish giving goals or plans and involve family members in your giving.
- **Multigenerational Consultation** is a great way for TTCF to work with you to involve current and future generations in your philanthropy to make the giving experience more fulfilling. By listening to donors and understanding their needs and interests, TTCF can introduce giving to younger generations, while engaging current generations and enriching philanthropy for the entire family.
- TTCF also provides **nonprofit research** as a complimentary service for donors who wish to identify nonprofit organizations in a new area of interest or conduct additional due diligence on the organizations they wish to support. This unbiased, comprehensive and up-to-date research helps you determine whether an organization is efficiently run and will maximize the impact of your giving. TTCF can also explore additional organizations that you may not have considered, providing an objective point of view that can help you consider all your options and ensure your giving can be most meaningful for you.

**9. CERTIFICATION** All Donors of the fund must sign below.

I understand and acknowledge that grants from the fund must directly and fully support a charitable program and I **will not** submit a recommendation intended to:

- Fulfill a legally binding pledge or other financial obligation
- Benefit myself, any specific individual or to benefit an entity in which I hold 35% or more controlling interest
- Support political campaigns or lobbying activities
- Pay for membership benefits, event tickets (galas, sporting events), goods bought at auction, tuition, religious benefits, etc.

I understand that grant recommendations are subject to the review and approval of Tahoe Truckee Community Foundation and grants must comply with the policies detailed in Tahoe Truckee Community Foundation’s *Charitable Fund Guidelines*. Such recommendations are not binding on the Foundation and may be accepted or rejected, in whole or in part, by the Foundation in its sole and absolute discretion.

I understand that contributions to the fund are irrevocable gifts and shall not be the result of fundraising activities where a material benefit is provided in exchange for a charitable contribution.

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**Signature**

**Date**

Donor #1

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**Signature**

**Date**

Donor #2

**FOR TTCF STAFF USE ONLY:**

Staff Name:
Fund Spending Policy (FSP): <input type="checkbox"/> <i>Standard</i> <input type="checkbox"/> <i>Non Standard</i>
FSP Non Standard Comments:
Investment Pool: <input type="checkbox"/> <i>Permanent</i> <input type="checkbox"/> <i>Intermediate</i> <input type="checkbox"/> <i>Short Term</i>
Management Fee: <input type="checkbox"/> <i>Standard</i> <input type="checkbox"/> <i>Non Standard:</i> _____
<u>Anonymity Level:</u> <input type="checkbox"/> <i>No Media Release</i> <input type="checkbox"/> <i>No Mention of fund or Donor in Annual Report</i> <input type="checkbox"/> <i>No mention of fund or Donor in Award Letters</i> <input type="checkbox"/> <i>Donor is totally ANONYMOUS at all levels</i>