

## FIELD OF INTEREST FUND APPLICATION

(Please Print)

### 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.)

2. **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: \_\_\_\_\_

<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>Relationship to Fund:</b> <input type="checkbox"/> Primary contact for all fund communications in lieu of donor(s) ( <i>Fund Main Contact</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*) \_\_\_\_\_

4. **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: \_\_\_\_\_

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

I hereby certify that, to the best of my knowledge, all information represented in connection with this form is accurate, and I will promptly notify Truckee Tahoe Community Foundation (TTTCF) in writing of any changes. I have received and agree to read and be bound by the terms of TTTCF's *Charitable Fund Guidelines* as applicable, as currently in effect and as amended from time to time. I will notify TTTCF if I do not understand the *Charitable Fund Guidelines*, which are available online at [www.ttcf.net](http://www.ttcf.net) and by mail from TTTCF. I represent that I have the authority to enter into this agreement.

**Signature**

**Date**

Donor #1

**Signature**

**Date**

Donor #2

**FOR TTTCF STAFF USE ONLY:**

Staff Name:	Start Date:	Priorities Funded
Fund Spending Policy (FSP): <input type="checkbox"/> <i>Standard</i> <input type="checkbox"/> <i>Non Standard</i>		<input type="checkbox"/> <i>Arts</i>
FSP Non Standard Comments:		<input type="checkbox"/> <i>Ed</i>
Investment Pool: <input type="checkbox"/> <i>Permanent</i> <input type="checkbox"/> <i>Intermediate</i> <input type="checkbox"/> <i>Short Term</i>		<input type="checkbox"/> <i>Health</i>
Management Fee: <input type="checkbox"/> <i>Standard</i> <input type="checkbox"/> <i>Non Standard:</i> _____		<input type="checkbox"/> <i>Human Ser</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>	<u>Solicit Code/Mailings:</u> <input type="checkbox"/> <i>No Mailings</i> <input type="checkbox"/> <i>No Donor/Legacy Society Mailings</i> <input type="checkbox"/> <i>No Donor Connect</i> <input type="checkbox"/> <i>No Event Invitation Mailings</i> <input type="checkbox"/> <i>No Publication Mailing: AR, Newsletter, etc.</i> <input type="checkbox"/> <i>No Quarterly Statement Mailings</i>	<input type="checkbox"/> <i>Enviro</i>