

# Hudson Community Foundation

## Donor Advised Fund Application

Please mail, email or fax this completed application to Hudson Community Foundation (HCF)  
 Refer to the Donor Advised Fund Program Description on our website: [www.MYHCF.org](http://www.MYHCF.org) or  
 contact our office if you have any questions. Telephone (330) 655-3580

### Donor/Advisor Information

These are the individuals who advise HCF concerning grants, investments, and fund disposition issues. If you would prefer to establish an Advisory Committee of the fund, please attach a separate list of their names and addresses, and be sure to identify the spokesperson.

Donor/Advisor	Donor/Advisor
<b>Name:</b>	<b>Name:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>Mailing Address:</b>
<b>City,State,Zip:</b>	<b>City,State,Zip:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
<b>Email:</b>	<b>Email:</b>

**How Would You Like to be Addressed?** (e.g. Mr. and Mrs. John A. Smith; Joan and John Smith, etc. This is the name we will provide to charities that receive grants from your Donor Advised Fund unless you request anonymity. *The address shown above will also be shared unless an alternative address is provided.*

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**Name of Donor Advised Fund** (e.g. Smith Family Charitable Fund)  
 This name will appear on each grant letter and check, unless requested to be withheld.

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**Statement of Purpose of the Fund** (e.g. "The Smith Family Fund supports charities in the following areas: education, arts and public causes in need.")

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**Initial Contribution** (Please describe the assets comprising the initial contribution to establish the fund, including approximate value.)

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**Anticipated Future Contributions** (e.g. IRA beneficiary, life insurance proceeds, CRT remainder interest, etc.)

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I would like to allocate \_\_\_\_ % of my initial gift to the **Hudson Community Foundation Forever Endowment Fund** to help sustain and support the work of the foundation.

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Donor Signature

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Date

**Successor Advisor Election** (You may name one or several individuals to succeed you as Successor Advisor of this fund. Attach additional sheets if necessary. If more than one individual is listed, please indicate the spokesperson and whether any individual should be treated as a Contingent Successor Advisor. If you do not wish to name a Successor Advisor, skip to Other Fund Disposition Options.)

Successor Advisor		Successor Advisor	
Name:		Name:	
Relation to Donor/Advisor:		Relation to Donor/Advisor:	
Date of Birth:		Date of Birth:	
Mailing Address:		Mailing Address:	
City,State,Zip:		City,State,Zip:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Email:		Email:	

## Other Fund Disposition Options

**If you have not named a Successor Advisor, select one of the following plans.**

The following options are alternatives to the Donor/Advisor naming a Successor Advisor of the fund. Upon notification of the death of the initial Donor / Advisor(s), Hudson Community Foundation will enact the selected disposition plan. Please discuss complicated disposition plans with HCF to avoid confusion or potential problems.

- I (we) recommend the fund to continue making grants annually to the following charitable organizations following HCF's Spending Policy:

Name of Organization	City, State	Percentage of Disbursement Amount
Hudson Forever Endowment Fund	Hudson, Ohio	

I (we) recommend the fund to terminate and the proceeds be granted to the following charitable organizations:

Name of Organization	City, State	Percentage of Fund Balance
Hudson Forever Endowment Fund	Hudson, Ohio	

- I (we) recommend the fund to continue, with HCF's Board of Directors using its discretion to award grants to worthy local charitable organizations in the following Field of Interest. Please describe below:


**Investments:**

You may recommend a financial professional to work with Hudson Community Foundation concerning the investments of this fund. This person will *not* have the advisory privileges of a Donor/Advisor.

Financial Professional Information	
<b>Name of Financial Professional:</b>	
<b>Company:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Cell Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

Signature (check **one** box):

- I hereby irrevocably give the property described in this application and its attachments to Hudson Community Foundation, to establish a Donor Advised Fund (*i.e. for current gifts*).
- I intend, through a future transfer of property to Hudson Community Foundation, to establish a Donor Advised Fund. This expression is not to be considered a pledge (*i.e. primarily for testamentary gifts*).
- I intend to recommend a distribution of assets from another charitable organization to Hudson Community Foundation, to establish a Donor Advised Fund (*i.e. for transfers from other Donor Advised Fund programs*).

I (we) understand that the contribution to establish this fund and any additional contributions are not IRA distributions or IRA assets.

\_\_\_\_\_ donor initials      \_\_\_\_\_ financial advisor initials

I intend that the person described above as Donor / Advisor will periodically recommend grants from this fund for charitable purposes. I understand that Hudson Community Foundation's Board of Trustees, in its sole discretion, is free to accept or reject any recommendations. I also understand that Hudson Community Foundation's Board of Trustees is empowered to modify any restriction related to this fund, if in its judgment such restriction becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with charitable needs.

I have read the Hudson Community Foundation's Donor Advised Fund Program Description, and agree to its terms and conditions. I understand that Hudson Community Foundation's Board of Trustees reserves the right to modify the Donor Advised Fund Program, as it deems necessary.

I hereby certify that to the best of my knowledge all information presented in connection with this application is accurate, and I will notify HCF promptly of any changes.

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Donor's Signature

Date

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Donor's Signature

Date

**Hudson Community Foundation**

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