



FUND AGREEMENT

Date: _____

- Establish a New Fund
 Update Fund Contact Information

SECTION 1 - Fund Name

Fund Name _____

SECTION 2 - Type of Fund

Donor Advised Designated Scholarship
 Agency Field of Interest Unrestricted

SECTION 3 - Time Frame

Endowed Principal Preservation Est spend down period (Years) _____
 Non-Endowed Foundation's Endowment Pool - min \$100k Fund Balance
 Quasi-Endowed (*subject to market risk*)

SECTION 4 - Contact Information		<i>For Internal Use only</i>		<i>Fund Class</i>		00		20		50		82	
Donor / Contact 1				Donor / Contact 2				Other					
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other Name				<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other Name									
Home Mailing Address				Home Mailing Address									
City		State		City		State		City		State		Zip	
Home Phone		Cell		Home Phone		Cell		Home Phone		Cell			
()		()		()		()		()		()			
Company name				Company name									
Occupation				Occupation									
Business Mailing Address				Business Mailing Address									
City		State		City		State		City		State		Zip	
Business Phone		Fax		Business Phone		Fax		Business Phone		Fax			
()		()		()		()		()		()			
E-mail				E-mail									
Preferred Mailing Address				Preferred Mailing Address									
<input type="checkbox"/> Home		<input type="checkbox"/> Business		<input type="checkbox"/> Home		<input type="checkbox"/> Business		<input type="checkbox"/> Home		<input type="checkbox"/> Business			
Donor / Contact 2 relationship to Donor / Contact 1				Profile Number (internal use only)									

SECTION 7 - Communications / Grant & Community Acknowledgement

How often would you like to receive Fund Statements?	Quarterly	Annually
Would you like to enroll in Donor Central, our secure on-line portal, to access your Fund?	Yes	No
Do you wish to remain anonymous?	Yes	No
May we list your Fund's name in publications? (e.g. Website, Annual Reports, etc...)	Yes	No
Would you like grant recipients to know that your Fund is the source of the grant?	Yes	No
From time to time we learn of compelling giving opportunities from our non-profit partners. Would you like to be notified about these opportunities?	Yes	No
We occasionally have programs for younger people. Are you interested in getting your children involved in Philanthropy?	Yes	No

SECTION 8 - Successor Advisor Use this section if you are establishing a Donor Advised Fund. Fund Advisors may elect **one individual** as a Successor Advisor to the Fund. This can be changed by the donor at any time in writing to the Foundation.

Name		
Date of Birth		
Mailing Address		
City	State	Zip
Home Phone	Cell	
()	()	
Business Phone	Fax	
()	()	
E-Mail		
Relationship to Donor		

I understand that when our (my) privilege to advise the Fund terminates by our (my) death(s), resignation(s), or incapacity to serve, I can name **one individual** as Successor Advisor to the Fund. The Successor Advisor shall have privileges to make recommendations appropriate for the Fund. Furthermore, it is the responsibility of the designated Successor Advisor to contact the Foundation at such time as he/she becomes Advisor to the Fund. If we do not hear from the Successor Advisor and are not able to locate him or her within five years of becoming Advisor to the Fund, the fund shall revert to a named fund within the Foundation's unrestricted endowment pool. Upon the death, resignation, or incapacity to serve of the Successor Advisor, the fund shall revert to a named fund within the Foundation's unrestricted endowment pool.

SECTION 9 - Referral Source Please tell us how you first heard about the Greater New Orleans Foundation.

<input type="checkbox"/>	Friend or Associate	_____
<input type="checkbox"/>	GNOF Employee	_____
<input type="checkbox"/>	GNOF Board member	_____
<input type="checkbox"/>	Attorney, CPA, Financial Planner, etc...	_____
<input type="checkbox"/>	GNOF Website	_____
<input type="checkbox"/>	Other	_____

SECTION 10 - Community Information Please provide the following information as applicable:

Radio Stations listened to	_____
Websites visited	_____
TV / Cable watched regularly	_____
Publications / Subscriptions read	_____

SECTION 11 - Professional Advisor The Greater New Orleans Foundation is currently expanding its Professional Advisors Network. Are there any names you would like to share with us?

Name	_____	Address	_____
Company	_____	Telephone / E-Mail	_____

