



NAMED FUND APPLICATION

The Morgan Hill Community Foundation

**Return Application to:
Morgan Hill Community Foundation
P.O. Box 1974
Morgan Hill, Ca 95038**

**If you have any questions, please call
408-776-2232 or visit our website at
<http://www.morganhillcommunityfoundation.org/>**



Named Fund Agreement

Establish a new fund Update fund information. Fund ID: _____

Name of Fund

Donor is asked to name the fund (e.g. Smith Family Fund). Please indicate name

Type of Fund

Please indicate a fund below.

- Designated
 Donor-Advised Endowed Non-endowed
 Named Field-of-Interest
 Named Unrestricted

Name Contact Information

Fund Advisor # 1 (This Advisor receives fund statements and may recommend grants)

Name Home Business

Mailing Address

City State Zip

Business Phone Fax

e-mail

Company Name

Occupation

Title

Referred to MHCF by

Fund Advisor # 1 Relationship to Fund Advisor # 2

Do you currently work with a Professional Advisor? Yes (e.g. attorney, CPA, Financial Planner) No

If yes, Professional Advisor Name and Title

Professional Advisor's Mailing Address

City State Zip

Professional Advisor's Phone e-mail

Fund Advisor # 2 (This Advisor receives fund statements and may recommend grants)

Name Home Business

Mailing Address

City State Zip

Business Phone Fax

e-mail

Company Name

Occupation

Title

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Fund Advisor # 2 Relationship to Fund Advisor # 1

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If yes, Professional Advisor Name and Title

Professional Advisor's Mailing Address

City State Zip

Professional Advisor's Phone e-mail

Initial Gift to Establish a Fund

Your initial gift may be paid in the form of:

- Check \$_____ made payable to
Morgan Hill Community Foundation.
- Credit Card (MC or VISA) \$_____
- Card no. _____
- Exp. _____ zip code _____
- Name on card _____

Option 2: STOCK (Contact MHCF)

Option 3: OTHER Please describe gift:

Spending Policies

Endowed funds: 5% of the funds balance is allocated for grantmaking each grant cycle.

Non-endowed funds: MHCF recommends you designate an established annual grantmaking payout to ensure the investment pool matches your grantmaking goals.

I estimate that my annual grantmaking total
_____% of the balance, or \$_____ per year.

Anonymity and Publicity

MHCF publishes an annual report and newsletter that include information about donors, grantees, and MHCF funds. Please indicate your preference below.

- Do not list my name on the donor listings.
- Do not include fund information on fund listings.
- I am willing to be featured in the newsletter.
- I am willing to be interviewed for media features on philanthropy.

Community Programs

You have several options to assist the community. Gifts of any size made in the following ways:

MHCF Alliance members, *as of 2007*:

- **Morgan Hill Dog Owners Group**
- **Morgan Hill Wind Symphony**
- **San Pedro Trail Volunteers**
- **South Valley Athletic Foundation**
- **Teachers' Aid Coalition**

The MHCF Alliance member funds support nonprofit organizations and programs that fall under the umbrella of the Foundation. Visit the MHCF website* for more details.

If you are interested in a specific cause, you may direct your gift to an existing **Field-of-Interest Fund** at MHCF:

- Arts & Culture
- Recreation
- Education & Lifelong Learning
- Science & Technology
- Health & Human Services
- Agriculture & Environment

Yes, I'd like to make a one-time gift in the
amount of \$_____ via
Check/credit card/stock/fund transfer (circle one)

Yes, I'd like to recommend an annual gift of
_____ % from this fund.

Yes, I'd like to recommend an annual gift of
\$_____ from this fund.

I would like the above gift to go to:

Field-of-Interest Fund: _____

Alliance Member Fund: _____

* -- www.morganhillcommunityfoundation.org

Fund Selection

Named Unrestricted Fund

Minimum Initial Gift: \$2,500

Named Unrestricted Funds are endowed and support Community grantmaking programs. This is a wonderful way to recognize a donor and support the community in perpetuity.

Open a Named Unrestricted Fund:

Named Field-of-Interest Fund

Minimum Initial Gift: \$2,500

Named Field-of-Interest Funds are endowed and support an area of interest about which the donor cares deeply. This is a wonderful way to recognize a donor and support the community in perpetuity.

Field of Interest:

Designated Fund

Minimum Initial Gift: \$2,500

Designated Funds are endowments created to support specific non-profits. Note: Should the organization cease to exist, the Community Foundation will direct the fund's payout to another organization serving like needs in the community.

The annual payout of 5% of the fund balance will be used to support the following charitable organization(s) which has (have) a nonprofit 501(c)(3) status (or equivalent) and is (are) not a private foundation

_____ % _____

_____ % _____

Donor-Advised Fund

Minimum Initial Gift: \$5,000

Donor-Advised Funds offer the opportunity for the donor/advisor(s) to recommend grants from the fund to charities as outlined in their grant recommendation form. Donor-Advised Funds may be endowed or non-endowed. I would like to set up a:

Endowed Donor-Advised Fund

Non-endowed Donor-Advised Fund

Donor-Advised Fund Award Grant Letter

Each grant sent from a donor-advised fund is mailed with an award grant letter. This letter acknowledges the donor-advised fund name (unless anonymity is requested), is printed on MHCF letterhead, and signed by MHCF's president.

Signatures

I acknowledge that I have read the MHCF Donor Gift Policies and agree to the terms and/or conditions described therein. I understand any contribution, once accepted by the MHCF Board of Directors, represents an irrevocable contribution to MHCF, the Foundation Board of Directors has variance power under IRS regulations, and this gift is not refundable to me.

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

Fund Advisor signature

Date

Fund Advisor signature

Date

MHCF President signature

Date

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