
COMMUNITY FOUNDATION

of Central Florida

Donor Advised Fund Donor Information

DONOR INFORMATION

City of Orlando, a Florida municipal corporation

Name

Daytime Telephone

Address

Fax

City/State

Zip

E-Mail

E.I. Number

Contact (Name/Title)

Advisor

Name

Daytime Telephone

Address

Fax

City/State

Zip

E-Mail

FUND INFORMATION

Name of Fund:

Description of Fund: (Please provide a brief description of the fund for the Foundation's publication materials)

Recognition Options:

The City authorizes the Foundation to list the name, advisors/donors to, and description of this fund in its publications, and on its website.

Please Initial: _____ Please Initial: _____ OR

The City wishes this Fund to be anonymous in recognition and grantmaking.

Please Initial: _____ Please Initial: _____ OR

The City wishes to remain anonymous as donors to this fund, but the name and description of the fund may be listed in the Foundation's publications, and on its website.

Please Initial: _____ Please Initial: _____

SIGNATURE(S)

I hereby certify that, to the best of my knowledge, all information presented in connection with this form is accurate and I will notify the Foundation promptly of any changes; and I understand that any contribution once accepted by the Board of Directors, represents an irrevocable contribution to the Foundation and is not refundable.

Corporation/Association Name

By: _____
Advisor Signature Title Date