



**PHILANTHROPIC  
FIELD OF INTEREST FUND APPLICATION**

(Please Type or Print)

**1. DONOR(S)**

<b>Donor #1</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Name ( <i>First, Middle, Last</i> ):	
Nickname ( <i>If applicable</i> ):	
Mailing Address	
City, State, Zip Code	
Employer:	Position:
Home Phone: (____) _____	Business Phone: (____) _____
Email Address:	Cell Phone: (____) _____
Fax # (____) _____	Date of Birth (mm/dd/yyyy):

<b>Donor #2</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Name ( <i>First, Middle, Last</i> ):	
Nickname ( <i>If applicable</i> ):	
Mailing Address	
City, State, Zip Code	
Employer:	Position:
Home Phone: (____) _____	Business Phone: (____) _____
Email Address:	Cell Phone: (____) _____
Fax # (____) _____	Date of Birth (mm/dd/yyyy):

**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 (First, Middle, Last):</b> _____	
<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 ( <i>Fund Main Contact</i> ) <input type="checkbox"/> Should have rights to perform transactions on the members' behalf ( <i>Signatory</i> ) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements ( <i>Fund CC</i> )	

Mr.    Mrs.    Ms.    Miss    Dr.    Other: \_\_\_\_\_

<b>Name (First, Middle, Last):</b> _____	
<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 ( <i>Fund Main Contact</i> ) <input type="checkbox"/> Should have rights to perform transactions on the members' behalf ( <i>Signatory</i> ) <input type="checkbox"/> Should receive courtesy copies of quarterly activity statements ( <i>Fund CC</i> )	

3.

**FUND INFORMATION**

**NAME YOUR FUND** (e.g., Our Association Foundation, Big Project Fund, etc.) Grants made to charities are accompanied by a letter which includes the Fund name, unless anonymity is specifically requested. *(Limit: 60 characters)*

**PHILANTHROPIC FOCUS OF THE FUND:** *(Please attach copy, if necessary)*

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**ANONYMITY LEVEL:**

- Standard (No Restrictions)
- Donor(s) and fund are anonymous
- Donor only is anonymous

4.

**REFERRAL SOURCE** Please tell us how you first heard about the California Community Foundation. If the sources were multiple, please check and name the person who had the major impact on your decision.

- From a friend or associate: \_\_\_\_\_
- From a CCF employee: \_\_\_\_\_
- From a CCF Board Member: \_\_\_\_\_
- From an attorney, advisor, CPA, or other professional: \_\_\_\_\_
- CCF 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 the California Community Foundation (CCF) in writing of any changes. I have received and agree to read and be bound by the terms of CCF's *Charitable Fund Guidelines* as applicable, as currently in effect and as amended from time to time. I will notify CCF if I do not understand the [Charitable Fund Guidelines](http://calfund.org), which are available online at [calfund.org](http://calfund.org) and by mail from CCF. I represent that I have the authority to enter into this agreement.

Donor #1

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**Signature** **Date**

Donor #2

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**Signature** **Date**