



Donor Advised Fund Application and Prequestionnaire

- 1. Name of Donor(s):
2. Name of Fund. The name of Fund shall be:
3. Donor's Contribution. Donor irrevocably assigns, conveys, transfers and delivers to the Catholic Foundation of Michigan an opening contribution of \$
4. Preferred Field of Interest: As a security to ensure your funds are always designated with your faithful intent
5. Additional gift: The donor wishes to contribute to the Catholic Foundation of Michigan Endowment for the long-term financial support of building Catholic philanthropy in the amount of \$
6. Information Release. Donor hereby grants permission for Fund name to be shared
7. How did you hear about the Catholic Foundation of Michigan?

After completing both pages of this form, get the process started by emailing the form to info@catholicfoundationmichigan.org

or mailing it to: Catholic Foundation of Michigan, 1145 W. Long Lake Road, Suite 201. Bloomfield Hills, MI 48302.

For questions, please call our helpful staff at 248.204.0332

Designation of Fund Advisors: Please identify up to two people to serve as advisors to the fund.

In order for the Foundation to accept distribution instructions from Fund Advisor(s), we must have that Fund Advisors contact information and signature on file. Unless the Foundation is notified otherwise in writing, each Fund Advisor shall have the full, equal and independent privilege to direct distributions.

Primary Advisor

Additional Primary Advisor

Title	First Name	Last Name	Suffix	Title	First Name	Last Name	Suffix
Mailing Address				Mailing Address			
City/State/ZIP				City/State/ZIP			
Date of Birth				Date of birth			
Primary Phone		Second Phone		Primary Phone		Second Phone	
Email Address				Email Address			
Receive Online Fund Statements? <input type="checkbox"/> YES <input type="checkbox"/> NO				Receive Online Fund Statements? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Optional Successor Advisors: identify up to two people to serve as successors to the above advisors to the fund. You may wish that, upon the death, resignation or incapacity of the last surviving Fund Advisor listed above, advisory privileges for your Fund transfer to successors who you name below.

Successor Advisor #1

Successor Advisor #2

Title	First Name	Last Name	Suffix	Title	First Name	Last Name	Suffix
Mailing Address				Mailing Address			
City/State/ZIP				City/State/ZIP			
Primary Phone		Date of Birth		Primary Phone		Date of Birth	
Email Address				Email Address			

Donor Signature (Required)

Date

Donor Signature (Optional)

Date