



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 \$ _____
Please select your preferred method of funding account:
 - Check - Made payable to the Catholic Foundation of Michigan with the name of the fund in the memo.
 - Publicly Traded Securities or Mutual Funds. Name of Stock or Fund: _____
 - Wire Transfer; Please contact the Foundation for instructions
 - Other _____
4. **Preferred Field of Interest:** As a security to ensure your funds are always designated with your faithful intent (in the event there are no fund advisors), please indicate your preferred field of interest.
 - Parish Life** - Our parish is where we encounter Jesus - in the sacraments as well as in the people of our faith community. It's where we worship, learn, and serve. This fund supports parish projects that enhance liturgy, community, and evangelization.
 - Catholic Education and Formation** - Catholic education encompasses all types of faith formation for people of every age. This fund supports all stages of educational and spiritual development to enhance vibrant discipleship.
 - Social outreach** - "Just as you did it to one of the least of these... you did it to me." This fund supports vital social services provide food for the hungry, shelter for the homeless, medicine for the sick, life for the vulnerable, and hope for those in despair.
 - Catholic Philanthropy** - This fund provides for the mission of the Catholic Foundation of Michigan to grow and endure.
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
 - a. In Foundation annual donor reporting (i.e. annual report) YES NO
 - b. When providing grants to benefitting organization(s). YES NO
7. **How did you hear about the Catholic Foundation of Michigan?**

<input type="checkbox"/> Donor initiated	<input type="checkbox"/> Referred by pastor
<input type="checkbox"/> Referred by a professional advisor	<input type="checkbox"/> Through Catholic Foundation marketing
<input type="checkbox"/> Through a school/parish partnership	<input type="checkbox"/> Other: _____

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