

Donor Advised Fund Online Application



Donor Information

	Donor	Donor
Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Social Security #	_____	_____
Birthday	_____	_____
Email	_____	_____

Advisor Information (All account information will be sent to the authorized advisor(s) listed below, unless indicated otherwise*.)

	Advisor	Advisor
Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Relationship to Donor	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____
	<input type="checkbox"/> *Send account information only upon death of donor	<input type="checkbox"/> *Send account information only upon death of donor

Donor Advised Fund Name

Choose the name of your irrevocable Donor Advised Fund.

I prefer that all grants from this Donor Advised Fund be anonymous. To ensure anonymity, please do not include your name in the fund name.

Fund Name: _____

Referral Information

I learned about creating a Donor Advised Fund through The Orchard Foundation from:

Online through DonorFirst™ Charity Representative _____ Other _____

Helping God's People Use God's Resources to Fulfill God's Calling

A Ministry of The Christian and Missionary Alliance

Proposed Purpose of the Fund/Beneficiaries

Please describe your charitable principles, interests and goals so that your charitable grants may be honored. In the event you have named more than one charitable beneficiary, list grant percentages for each charity. Note that your charitable intent must fall within the purposes and mission of The Orchard Foundation.

Organization Name _____

Specific Purpose
Designation _____

Grant Percentage _____

Successor Advisors

Please list individuals who will have advisory rights in the event of your disability or demise. If no successor advisor is listed, Orchard's executive leadership shall make grants annually in accordance with your stated purpose.

	Successor Advisor	Successor Advisor
Name	_____	_____
Street Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Relationship to Donor	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____

Donor-imposed restrictions for successor advisors to follow:

The Orchard Foundation reserves the right to exercise ultimate discretion in regard to implementing donor-imposed restrictions on grants.

Method of Funding

Immediate Funding: Cash Non-Cash Property (please describe) _____

Deferred Funding: CRT Lead Trust Endowment RLT Annuity
 Bequest Other (please describe) _____

A copy of the funding instrument is attached

Note: The minimum grant request is \$250 per grant or \$100 per recurring grant.

Statement of Understanding

By completing and signing this application, I certify that I understand the Donor Advised Fund I am creating is an irrevocable agreement and that ownership and custody of our donated funds have been given to The Orchard Foundation. I hereby acknowledge that I have read The Orchard Foundation Statement of Faith and I understand that The Orchard Foundation's adherence to such Statement of Faith will be the basis upon which distributions to charitable beneficiaries will be evaluated. I also understand that any requested distributions to charities whose mission is determined by The Orchard Foundation's Board of Stewards to be antithetical to The Orchard Foundation Statement of Faith will be disqualified as beneficiaries under the Donor Advised Fund administered by The Orchard Foundation. I will abide by the Donor Advised Fund policies as set forth by The Orchard Foundation and understand that those policy restrictions may exceed the minimum government requirements. I understand fees will be charged for administering this account, and I acknowledge and have read the current fee schedule. I acknowledge that our communication with The Orchard Foundation regarding the administration of this account will be advisory only and that the ultimate decisions and discretion regarding the investment of these funds is the responsibility of The Orchard Foundation.

Applicant/Fund Advisor

Applicant/Fund Advisor

Name (please print) _____

Signature _____

Date _____

P.O. Box 35660 • Colorado Springs, CO 80935-3566 • Toll Free: 888.689.6300 • Fax: 719.268.7256

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