

The Regional Community Foundation

1401 S. Main St., Suite 100 Dayton, Ohio 45409

Phone: (937) 222-0410 Fax: (937) 222-0636 Website: www.dayton foundation.org E-mail: info@dayton

foundation.org

Individual or Joint Charitable Checking Account Application

The following information is for internal use only and will not be shared with any individuals or organizations outside of The Dayton Foundation.

If you prefer to speak to someone directly about opening a Charitable Checking Account, please contact Alexis Norman at (937) 225-9934, or e-mail her at anorman@daytonfoundation.org. *Note:* asterisked items (*) are required for us to complete your application.

I Would Like to Open*

☐ an individual fund \Box a joint fund

Primary Donor*

| litle \square Mr. \square Mrs. \square Ms. \square Miss \square Dr. \square | JOther | |
|--|---|--|
| Your Name (first & last) | | |
| Mail-to Street Address | | |
| City | State | Zip Code |
| E-mail Address | | |
| Preferred Telephone | | |
| Phone Type ☐ Mobile ☐ Home ☐ Work ☐ |] Other | |
| Date of Birth (mm/dd/yyyy) | | |
| A joint fund advisor has full and equal privile recommend additional advisors with the sam from your address, all fund correspondence sor automatically becomes a successor to you Title \square Mrs. \square Ms. \square Miss \square Dr. \square | ne privileges. If the will be sent to you ar fund in the even | joint advisor's address is different as the primary donor. A joint advi- at of your death. |
| Joint Fund Advisor's Name | | |
| Relationship to Donor | | |
| $\label{eq:mail-to-Street} \mbox{ Address (if different from the γ)}$ | primary donor) | |
| City | State | Zip Code |
| E-mail Address | | |
| Preferred Telephone | | |
| Phone Type ☐ Mobile ☐ Home ☐ Work ☐ |] Other | |
| Date of Birth (mm/dd/yyyy) | | |







Confirmed in Compliance with National Standards for U.S. Community Foundations









Successor Advisor(s)/Final Grant Authorization

In the event of your death, you may name one or more individuals to assume responsibility for managing your fund. You may change this election at any time by contacting the Charitable Checking Account Service associate directly. Joint fund advisors are considered primary successor advisors.

Upon the passing of the last fund advisor, or if you do not name a successor advisor, any remaining balance will go to The Dayton Foundation's Emerging Community Needs Fund for the Foundation to use where community need is greatest.

| Final Instructions | | | |
|---|---|--|--|
| \square I am naming successor advisor(s), and will f | all in the informa | ation below. | |
| ☐ Please contact me about establishing a perm | anent endowme | ent fund. | |
| ☐ Any remaining fund balance should be distr | ributed by The D | Payton Foundation. | |
| Successor Advisor #1 Name (first & last) _ | | , | |
| Relationship to Primary Donor | | | |
| Mail-to Street Address | | | |
| City | State | Zip Code | |
| Daytime Telephone | | | |
| Date of Birth, if known (mm/dd/yyyy) | | | |
| Successor Advisor #2 Name (first & last) _ | | | |
| Relationship to Primary Donor | | | |
| Mail-to Street Address | | | |
| City | State | Zip Code | |
| Daytime Telephone | | | |
| Date of Birth, if known (mm/dd/yyyy) | | | |
| Community Fund Group Recognition Several Greater Dayton communities have esta Dayton Foundation to benefit their respective would like to have your fund recognized (for profollowing community fund groups of The Day | iblished foundat areas. Please che publication purp | eck the appropriate box if you poses only) as part of one of the | |
| ☐ Not applicable | □ Centervi | ☐ Centerville-Washington Foundation | |
| \square African-American Community Fund | □Vandalia | -Butler Foundation | |
| ☐ Asian-Indian Community Fund | | | |

Your Suggested Fund Name and Fund Preferences*

You can select a name for your fund that means the most to you, such as your family name (e.g., "Jane and John Smith Fund," "The Smith Family Fund"). Your fund name will appear on grant checks to charities unless, when making the grant, you specifically request to remain anonymous. Suggested Fund Name ___ ☐ Make fund anonymous in publications ☐ Make fund anonymous in grant letters/checks ☐ I plan to accept outside contributions to my fund. Make my fund publicly searchable on The Dayton Foundation website for credit card and bank transfer gifts. **Your Website and Technical Contact Information** If you plan to or have a website, Facebook page or other online presence that references your fund it must be in compliance with The Dayton Foundation's Component Fund Website and Privacy Policy. Pursuant to that policy, all outside donations to your fund must be made via The Dayton Foundation website. ☐ I plan to create an online presence at a later date. Technical Contact Name (first & last) Email ____ Website URL Please Tell Us How You Learned about the Charitable Checking Account Service (check all that apply) \square Saw it on your website ☐ Received a mailing about the service ☐ Read about it in a Charitable Checking Account brochure ☐ Read about it in a Dayton Foundation newsletter or annual report ☐ Heard about it from a Dayton Foundation donor ☐ Heard about it from a Dayton Foundation staff or Governing Board member ☐ Read about it in the newspaper or in an advertisement ☐ Saw it on your Facebook, LinkedIn or Twitter page ☐ Read about it in an electronic communication (Good News Snapshot, email, etc.) ☐ Learned about it from my financial/estate advisor If so, please tell us the advisor's name (first & last) Company _____ State _____ City _____ ☐ Other (please specify:) _____

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Gift Contribution Process and Next Steps

Specific instructions for making a gift to your fund, including gifts of cash or securities, will be sent to you within one to three business days.

Once your initial contribution has been received, you may begin to direct grants to charities. If no contributions are received in the twelve months from the fund establishment date, The Dayton Foundation will close the fund.

Terms and Conditions

I hereby certify that, to the best of my knowledge, all information presented in connection with this application, including contact information, is accurate, and I promptly will notify The Dayton Foundation of any changes.

I understand that any contribution to this fund, when accepted by The Dayton Foundation's Charitable Checking Account Service, represents an irrevocable contribution and is not refundable. I also understand that I may close this Charitable Checking Account at any time without penalty by submitting such a request in writing to The Dayton Foundation, 1401 S. Main Street, Suite 100, Dayton, Ohio 45409, or to info@daytonfoundation.org.

I agree to, and fully understand, this application form, and I have read the Fundraising Policy, Fund Activity Policy, and Component Fund Website and Privacy Policy and accept all terms and conditions.

| Primary Donor | Date |
|------------------------------------|----------|
| Joint Fund Advisor (if applicable) | Date |
| President, The Dayton Foundation | Date |

Send Your Completed Application to:

Charitable Checking Account Service The Dayton Foundation 1401 S. Main Street, Suite 100 Dayton, Ohio 45409 or fax it to us at (937) 222-0636