



900 Walt Whitman Rd, #205
Melville, NY 11747
licf.org



909 Third Avenue, 22nd Floor
New York, NY 10022
nycommunitytrust.org



210 N Central Ave, #310
Hartsdale, NY 10530
wcf-ny.org

Starting a Donor-Advised Fund at the Westchester Community Foundation a division of The New York Community Trust

Since 1924, The New York Community Trust has helped caring New Yorkers become informed philanthropists. We look forward to welcoming you to our donor community.

Creating a donor-advised fund at The New York Community Trust is a simple three-step process:

Step 1:

Complete the submission form and return it by email to Laura Rossi at lrossi@wcf-ny.org, or by mail to Donor Services, The New York Community Trust, 909 Third Avenue, 22nd Floor, New York, NY 10022.

Step 2 :

Upon receipt and review of your form, we will send you a customized fund agreement letter for your signature within 1 business day.

Step 3:

Once the fund agreement letter is accepted by us, we will send you instructions for your initial contribution (\$5,000 minimum), investment options, and log-in information to our easy-to-use online donor portal so you can begin making grant suggestions.

NOTE: Please read our **Donor-Advised Fund Policies and Guidelines** carefully before submitting the form.

If you have any questions or would like someone to guide you through this process, please don't hesitate to contact us.

Sincerely,

Laura Rossi
Executive Director
lrossi@wcf-ny.org
(914) 948-5166, Ext. 3

Donor-Advised Fund Form



Fund Name

You may name it for yourself, for your family (“Brooks Family Fund”), in memory of someone, or for something else that’s meaningful to you. All names are subject to approval.

Fund Name

A. Founder Information

Founders of donor-advised funds have the privilege of naming the fund, providing the initial contribution, recommending grant distributions, selecting investment allocations, designating additional advisors, and determining the succession plan. Please attach an additional piece of paper if you have more than two founders.

Founder 1 Mr. Mrs. Ms. Mx. Dr. Other _____

First Name Middle Name Last Name Suffix

Preferred Name/ Nickname Date of Birth

Primary Address Residence Business City State Zip Code

Secondary Address Residence Business City State Zip Code

Preferred Email Phone Home Cell Work Phone Home Cell Work

Founder 2 Mr. Mrs. Ms. Mx. Dr. Other _____

First Name Middle Name Last Name Suffix

Preferred Name/ Nickname Date of Birth

Primary Address Residence Business City State Zip Code

Secondary Address Residence Business City State Zip Code

Preferred Email Phone Home Cell Work Phone Home Cell Work

Please Describe relationship between founders
(i.e. spouses, siblings, etc.)

For couples, combined salutation
(e.g. Mr. and Mrs. John Smith; Lee and John Smith; Lee Jones and John Smith)



B. Additional Fund Advisors
 (optional; skip to section C if no additional advisors)

At any time, the founder(s) may name additional fund advisors (these advisors, however, may not appoint other advisors.) Fund advisors have the authority to access fund information and recommend grants. Please attach an additional piece of paper if you have more than three advisors. (Note: if there is someone, such as a professional advisor or administrative assistant, who should receive special view-only access to the online donor portal but not full advisor privileges, please let us know.)

Advisor 1 Mr. Mrs. Ms. Mx. Dr. Other _____

First Name	Middle Name	Last Name	Suffix
Preferred Name/ Nickname		Date of Birth	Relationship to Fund Founder(s)
Primary Address <input type="checkbox"/> Residence <input type="checkbox"/> Business		City	State Zip Code
Secondary Address <input type="checkbox"/> Residence <input type="checkbox"/> Business		City	State Zip Code
Preferred Email		Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Advisor 2 Mr. Mrs. Ms. Mx. Dr. Other _____

First Name	Middle Name	Last Name	Suffix
Preferred Name/ Nickname		Date of Birth	Relationship to Fund Founder(s)
Primary Address <input type="checkbox"/> Residence <input type="checkbox"/> Business		City	State Zip Code
Secondary Address <input type="checkbox"/> Residence <input type="checkbox"/> Business		City	State Zip Code
Preferred Email		Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Advisor 3 Mr. Mrs. Ms. Mx. Dr. Other _____

First Name	Middle Name	Last Name	Suffix
Preferred Name/ Nickname		Date of Birth	Relationship to Fund Founder(s)
Primary Address <input type="checkbox"/> Residence <input type="checkbox"/> Business		City	State Zip Code
Secondary Address <input type="checkbox"/> Residence <input type="checkbox"/> Business		City	State Zip Code
Preferred Email		Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work



C. Donor-Advised Fund Successor Election

Fund founders may name successor advisors to assume the privilege of advising a fund after all of the initial fund advisors are unwilling or unable to do so. You may add or remove successor advisors at any time. Donor department staff are also available to discuss your options.

- No, I do not wish to name successor advisor(s) at this time.
- Yes, I wish to name successor advisors, please send me the form.
- I'd like to discuss my options with someone at WCF/The Trust.

D. About You

Please tell us about a little about yourself. The more we know, the better we can serve you.

What are your charitable interests? Choose as many as apply.

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Education | <input type="checkbox"/> Immigration | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Fighting Poverty | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Serving the Elderly |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Girls & Young Women | <input type="checkbox"/> Health | <input type="checkbox"/> Welfare of Animals |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Other _____ | | |

We strive for inclusivity and diversity. If you would like to share your identity/race/ethnicity, enter it here.

Do you have children?

- None
- 1-2
- 3+

Do you have a private foundation?

- Yes
- No

How did you learn about the Westchester Community Foundation and The New York Community Trust?

- Professional Advisor
- Family/Friend/Colleague
- WCF or Trust Donor/Staff/Board Member
- Website/Media
- Other _____

Name of the person who referred you:

Is there anything else you would like to ask or share with us?

Initial Contribution Information

Estimated amount of your initial contribution, if known (\$5,000 minimum): \$ _____

Expected type of asset for initial contribution:

- Cash by check
- Cash by wire
- Credit card
- Transfer of publicly traded securities
- Other asset type (mutual fund shares, bonds, closely held stock, partnership interest, real estate, art, etc.)

Acknowledgment of Donor-Advised Fund Policies and Guidelines

Sign below to certify that you have read and agree to the donor-advised fund policies and guidelines.

Signature

Date