



*To carry on the work of Christ by fostering philanthropy*

## Field of Interest Fund Application

You have the privilege of naming your fund.  
(In most cases, the name refers to the  
purpose or use of the earnings.  
For example, Outreach Ministry, Feed the Poor,  
Program for the Elderly, etc.)

Please name your fund.

Catholic Community Foundation  
400 E. Monroe Street • Phoenix, AZ 85004  
Phone 602.354.2400 • Fax 602.354.2423  
[www.ccfphx.org](http://www.ccfphx.org) • Email: [info@ccfphx.org](mailto:info@ccfphx.org)

As a donor, you have full and equal rights to recommend grant distributions, recommend investment alternatives and to designate the successor advisors for your fund.

### Donor 1 Information

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

### Donor 2 Information

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ Relationship to Donor 1 \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

\*NOTE: If there are more than 2 initial donors, please attach a separate sheet with the same information for each donor.

May we share your story so that others may know the benefits of leaving a legacy?  Yes  No

### Your Initial Contribution

IMPORTANT: Please contact our office prior to sending any money or transferring securities.

Check Amount \$ \_\_\_\_\_

Securities # of Shares \_\_\_\_\_ Company Name \_\_\_\_\_ Approx Value \$ \_\_\_\_\_

Mutual Funds # of Shares \_\_\_\_\_ Fund Name \_\_\_\_\_ Approx Value \$ \_\_\_\_\_

Other Description \_\_\_\_\_ Approx Value \$ \_\_\_\_\_

### Instructions for Stock Transfer

If transferring securities or mutual funds through a broker, please give the following account information to your broker.

Funds or securities should be transferred to: **Wedbush Morgan, Inc.**

**Account: 8945-9347**

**DTC #0103**

**Broker: Mike Sherman, Phoenix**

**(602) 952-6879**

## Advisor Information

The Advisor is generally the person who will advise the Catholic Community Foundation concerning grants, investment approach, and Advisor succession. If instead of a single Advisor or Joint Advisors, you would prefer to establish an Advisory Committee of the Fund, please attach a separate list of their names and addresses. Be sure to identify the spokesperson for the Advisory Committee.

Advisor       Spokesperson

If the Advisor is one of the donors, please check here  and provide just the name.

Mr.     Mrs.     Ms.     Dr.     Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

Joint Advisor 1

If the Joint Advisor is one of the donors, please check here  and provide just the name.

Mr.     Mrs.     Ms.     Dr.     Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

Joint Advisor 2

If the Joint Advisor is one of the donors, please check here  and provide just the name.

Mr.     Mrs.     Ms.     Dr.     Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

## Continuation of the Fund

Please describe the purpose, or field of interest for this fund. Be as specific as possible.

\*Note: Upon the death or resignation of all fund advisors, the Catholic Community Foundation's Board of Directors, using its discretion, will periodically award grants from the Fund to deserving charities.

Please provide us any other guidance that you deem helpful in our compliance with the fund's charitable intentions.

## Signature

We hereby irrevocably give the property described in this application and its attachments to The Catholic Community Foundation to establish a Field of Interest Fund.

We intend that this Fund be operated exclusively for charitable purposes, and that it be treated as a component fund of The Foundation.

We intend that the person identified above as the Advisor will periodically recommend grants from this Fund for charitable purposes. We understand that The Foundation's Board of Directors, in its sole discretion, is free to accept or reject any recommendations. We also understand that The Foundation's Board of Directors is empowered to modify any restriction related to the Fund if in its judgement such a restriction becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with charitable needs.

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

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date