



# AUTHORIZATION FORM

## CHARITABLE CHECKING FUND

Date: \_\_\_\_\_

- I. Please open (*check one*) \_\_\_\_\_ an Individual \_\_\_\_\_ a Joint Charitable Checking Fund in The Community Foundation of Louisville Depository, Inc. for:

Donor Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Spouse Name (*if Joint*): \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

e-mail: \_\_\_\_\_

*\* Each person listed above is authorized to access fund information and request grant distributions via the Foundation's website. Foundation mailings will be sent to the Donor at the above address, including quarterly fund statements.*

☐ The Foundation DOES NOT have permission to list my name in Foundation marketing materials (annual report, newsletter, website, etc.)

- II. Quarterly reports and other Foundation mailings should be sent to the following alternative address:

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

*If applicable, dates this address in effect each year:* \_\_\_\_\_

- III. Unless I/we direct otherwise, gifts to charitable organizations should be identified as being from:

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

- IV. Distributions can be made to any IRS-approved public charity in the United States. Distributions may be made weekly.

- V. Any balance remaining in a fund at the donor(s) death will be distributed to the Fund for Louisville within the following twelve months, unless otherwise designated by the donor(s) in the Letter of Final Disposition.

- VI. Please consult the Community Foundation of Louisville before planning any fundraising events for this Charitable Checking Fund as some restrictions may apply.

I/we understand and agree to the fees and policies as established by the Charitable Checking Fund and rules regarding the final distribution of funds remaining in the account at the time of my/our death.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_



# LETTER OF FINAL DISPOSITION CHARITABLE CHECKING FUND

The Community Foundation of Louisville Depository, Inc.

Date: \_\_\_\_\_

Please accept this letter as my/our instructions to The Community Foundation of Louisville Depository, Inc., for the disposition of the remaining balance in my/our Charitable Checking fund in the event of my/our death. I/we understand that all distributions must be distributed to IRS-approved, public charitable organizations.

*For an Individual Fund only (Optional):*

- ☐ At my death, it is my desire that my spouse, \_\_\_\_\_, make distributions from this fund to IRS-approved public charitable organizations of his/her choice during his/her lifetime. In the event that any balance remains in this fund at my spouse's death, or my spouse predeceases me, distribute any balance in my fund to the organizations listed below.

*Specific Distribution Instructions for all Funds:*

- ☐ Please distribute any balance remaining in my/our Charitable Checking fund to the charitable organizations listed below and in the percentages indicated. If no charities are named, or if the fund balance is less than \$100, the assets of the fund will be distributed to the Fund for Louisville of the Foundation.

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
(name of charitable organization)

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
(name of charitable organization)

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
(name of charitable organization)

\_\_\_\_\_ % of the fund to \_\_\_\_\_  
(name of charitable organization)

\_\_\_\_\_ % of the fund to the Fund for Louisville of the Community Foundation of Louisville, Inc.

\_\_\_\_\_ % of the fund to the General Unrestricted Endowment of the affiliate foundation in the following area:

- |   |  |
|---|--|
| <input type="checkbox"/> Shelby County                    | <input type="checkbox"/> Nelson County |
| <input type="checkbox"/> Green River area                 | <input type="checkbox"/> Oldham County |
| <input type="checkbox"/> Wilderness Trace area (Danville) |  |

\_\_\_\_\_ % to add to my existing permanent fund in The Community Foundation of Louisville, the \_\_\_\_\_ Fund.

\_\_\_\_\_ % to establish a new permanent fund in The Community Foundation of Louisville to be named the \_\_\_\_\_ Fund (\$25,000 minimum).

- ☐ Attached is a separate letter with detailed instructions for distributions to charitable organizations.

Please make this letter part of my/our Charitable Checking Fund File to be used if needed. I/we understand that these instructions may be changed at any time by a new letter to the file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name