



Donor Advised Fund Application

Welcome to the Minneapolis Foundation! We are pleased to offer convenient, customized giving solutions that enable donors like you to support your charitable passions. Our experienced professionals will manage and grow your fund to maximize its impact.

Please review our Donor Advised Fund policies before completing your application. Applications may be submitted via fax, mail, or delivery to:

800 IDS Center | 80 South 8th Street
Minneapolis, MN 55402
Fax: 612-672-3846

To submit your application via email, please complete this application by typing in your information, then save it to your computer. Attach your saved PDF form to an email addressed to Stephanie Donley, Philanthropic Advisor, at sdonley@mplsfoundation.org.

DONOR ADVISOR INFORMATION

Provide information about the donor(s) and corresponding Primary Advisor(s) establishing this fund.

Donor I / Primary Advisor (Default recipient for all fund correspondence)

FULL NAME (FIRST, MIDDLE, LAST, SUFFIX):

PREFERRED SALUTATION (MS., MR., ETC)

INFORMAL FIRST NAME

DATE OF BIRTH

MOBILE PHONE

MOBILE

HOME

BUSINESS

HOME PHONE

BUSINESS PHONE

PREFERRED PHONE FOR CONTACT

EMAIL

HOME ADDRESS

CITY

STATE

ZIP

BUSINESS ADDRESS

HOME

BUSINESS

CITY

STATE

ZIP

PREFERRED ADDRESS FOR CONTACT

EMPLOYER

POSITION/TITLE

Donor II / Primary Advisor

FULL NAME (FIRST, MIDDLE, LAST, SUFFIX):

PREFERRED SALUTATION (MS., MR., ETC.)

INFORMAL FIRST NAME

DATE OF BIRTH

MOBILE PHONE

MOBILE

HOME

BUSINESS

HOME PHONE

BUSINESS PHONE

PREFERRED PHONE FOR CONTACT

EMAIL

HOME ADDRESS

CITY

STATE

ZIP

BUSINESS ADDRESS

HOME

BUSINESS

CITY

STATE

ZIP

PREFERRED ADDRESS FOR CONTACT

EMPLOYER

POSITION/TITLE

This fund has additional Donors and/or Primary Advisors. (A Foundation representative will follow up with you.)

FUND INFORMATION

Please provide information about the fund you are establishing.

NAME OF THE FUND

(Name cannot be more than 55 characters, including spaces, may not use the word "foundation," and is subject to Foundation approval.)

INITIAL GIFT \$

(A minimum gift of \$10,000 is required to establish a Donor Advised Fund. A gift of \$1 million or more may qualify your fund as a Signature Fund)

FORM OF INITIAL GIFT:

CASH/CHECK

PUBLICLY TRADED STOCK

MUTUAL FUND SHARES/UNITS

REAL ESTATE

LIFE INSURANCE

CREDIT CARD

OTHER:

FUND RECOGNITION

The name of this fund and its Donor Advisor may be shared in Foundation communications and with grant recipients.

Fund name only may be shared in Foundation communications and with grant recipients.

Fund and Donor Advisor names should always be anonymous.

Grant recognition preferences will be determined on a grant-by-grant basis.

FUND RECOGNITION

I/we plan to make gifts to the fund over time:

YES NO UNDECIDED

I/we plan to suggest that others make gifts to the fund:

YES NO UNDECIDED

I/we plan to provide an addition to the fund through an estate plan:

YES NO UNDECIDED

SUCCESSOR ADVISOR INFORMATION

You may name one or more individuals as Successor Advisor(s) to take over in advising on distributions from the fund following the death of the last Primary Advisor. Successor Advisor(s) may be changed at any time.

SUCCESSION OPTIONS. CHOOSE ONE:

There will be no Successor Advisors to this fund. (Continue to Fund Continuity section on page 5.)

Successor Advisors may advise on this fund's income only or principal and income. (Grant parameters may be identified.)

At the time of the passing of the last Primary Advisor to this fund, I/we wish to divide the balance of this fund into new, separate Donor Advised Funds for the identified Successor Advisors.

At the time of the passing of the last Primary Advisor to this fund, I/we wish to maintain a percentage of this fund's balance for grantmaking along parameters that I/we identify and use the remaining balance to establish new, separate Donor Advised Funds for the Successor Advisors.

Successor Advisor I

FULL NAME (FIRST, MIDDLE, LAST, SUFFIX):

PREFERRED SALUTATION (MS., MR., ETC.)

INFORMAL FIRST NAME

DATE OF BIRTH

MOBILE PHONE

MOBILE HOME BUSINESS

HOME PHONE

BUSINESS PHONE

PREFERRED PHONE FOR CONTACT

EMAIL

HOME ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO DONOR(S)

Successor Advisor II

FULL NAME (FIRST, MIDDLE, LAST, SUFFIX):

PREFERRED SALUTATION (MS. MR. DR.):

INFORMAL FIRST NAME

DATE OF BIRTH

MOBILE PHONE

MOBILE HOME BUSINESS

HOME PHONE

BUSINESS PHONE

PREFERRED PHONE FOR CONTACT

EMAIL

HOME ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO DONOR(S)

Successor Advisor III

FULL NAME (FIRST, MIDDLE, LAST, SUFFIX):

PREFERRED SALUTATION (MS., MR., ETC.)

INFORMAL FIRST NAME

DATE OF BIRTH

MOBILE PHONE

MOBILE

HOME

BUSINESS

HOME PHONE

BUSINESS PHONE

PREFERRED PHONE FOR CONTACT

EMAIL

HOME ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO DONOR(S)

FUND CONTINUITY

It is important that you tell us what you wish to have happen with the principal and/or income of your fund following the passing of the last Primary Advisor. As the fund's donor(s), you may establish a continuity plan to ensure that your fund continues to support causes that are important to you, even when you and/or your Successor Advisor(s) are no longer living. A Foundation representative will be happy to assist you in determining the continuity plan that works best for you.

Following the death of the last fund advisor, the following are my/our recommendations for distribution of the fund:

ENDOWMENT

Endowed – grant fund income in perpetuity.

Not endowed – grant fund principal and income over a specific timeframe (to be determined).

Unsure at this time. (A Foundation representative will assist you in making this choice.)

ULTIMATE DISTRIBUTIONS

Unsure at this time. (A Foundation representative will assist you to determine your choice.)

Not restricted – ultimate distributions will be made at the Foundation's discretion to address critical community needs.

Restricted – ultimate distributions will be made based on designations you identify as follows. (You may select a combination of the following options.)

Fund distributions through a Legacy Fund of the Minneapolis Foundation:

Legacy Funds create a permanent source of support for worthy causes. The Foundation will ensure your support addresses critical community needs in the selected area(s).

___ % **ANIMAL WELFARE**

___ % **HOUSING & HUMAN SERVICES**

___ % **ARTS & CULTURE**

___ % **IMMIGRANTS & REFUGEES**

___ % **CHILDREN & YOUTH**

___ % **INTERNATIONAL DEVELOPMENT & RELIEF**

___ % **COMMUNITY ENDOWMENT**

___ % **JUSTICE, EQUITY & CIVIC ENGAGEMENT**

___ % **EDUCATION**

___ % **SENIOR SERVICES**

___ % **ENVIRONMENT**

___ % **HEALTH**

Grants in a field or fields of interest not listed above:

A field of interest is a broad area aligned with your philanthropic passion.

___ % **TO FIELD OF INTEREST:**

___ % **TO FIELD OF INTEREST:**

I'D LIKE MORE OPTIONS. (A FOUNDATION REPRESENTATIVE WILL FOLLOW UP WITH YOU.)

Grants to a designated beneficiary or beneficiaries:

A designated beneficiary is a nonprofit organization with 501(c)(3) IRS status.

___ % **TO ORGANIZATION NAME:**

___ % **TO ORGANIZATION NAME:**

I'D LIKE MORE OPTIONS. (A FOUNDATION REPRESENTATIVE WILL FOLLOW UP WITH YOU.)