



JEWISH
COMMUNITY
FOUNDATION
of GREATER MERCER

4 Princess Road, Suite 211, Lawrenceville, NJ 08648

Phone 609-219-0555

Fax 609-219-9040

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www.foundationjewish.org

MEMORIAL FUND AGREEMENT

Date _____ ☐ New Fund ☐ Updated Fund

A. Fund Name _____

In Memory Of _____

B. Fund Advisor Information

The Advisors for Donor Advised Funds may recommend grant distributions from the Fund. For two or more Advisors, please note that Advisor 1 will receive quarterly fund statements if the mailing addresses are different. Both Advisors will receive access to an online Fund account.

Advisor 1

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Business Phone _____

Mobile Phone _____ Email Address _____

Birth Date _____

Company Name _____

Occupation _____ Title _____

Referred By _____

Advisor 1 relationship to Advisor 2 _____

Advisor 2

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Business Phone _____

Mobile Phone _____ Email Address _____

Birth Date _____

Company Name _____

Occupation _____ Title _____

Referred By _____

Advisor 2 relationship to Advisor 1 _____

If there is more than one Advisor recommending grants, only the recommendation of one is required unless the Advisor(s) initial here: _____ (all Advisors must sign jointly).

C. Professional Parties

It is helpful to know if you are working with a Professional Advisor (such as an attorney, accountant or financial planner) to provide guidance on your charitable giving.

Professional Party 1

Name _____

Occupation _____

Firm Name _____

Address _____

City, State, Zip _____

Phone / type _____

Email Address _____

Professional Party 2

Name _____

Occupation _____

Firm Name _____

Address _____

City, State, Zip _____

Phone / type _____

Email Address _____

D. Initial Contribution

Funds may be established with a minimum contribution of \$6,000, and must maintain a minimum balance of \$6,000.

☐ Check \$ _____

Please make check payable to Jewish Community Foundation of Greater Mercer

☐ Marketable Securities

For wire transactions, please contact the Foundation at 609-219-0555.

Broker Name _____

Firm Name _____

Phone _____

Name of Security 1 _____

Number of Shares or Units _____

Name of Security 2 _____

Number of Shares or Units _____

E. Recognition and Acknowledgement

Do you wish to remain anonymous?

☐ Yes ☐ No

May we list your Fund's name in publications (JCFCGM website, annual reports, etc)?

☐ Yes ☐ No

Would you like grant recipients to know that your Fund is the source of your grant?

☐ Yes ☐ No

F. Successor Election (optional)

Advisors may elect individuals as successor advisors to the Fund. An Advisor can change this at any time. Changes must be made in writing to the Jewish Community Foundation. If no successor is named, the fund will close and the remaining balance will be moved to the Jewish Community Foundation general fund.

Successor 1

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Business Phone _____

Mobile Phone _____

Email Address _____

Birth Date _____

Relationship to Advisor(s) _____

Successor 2

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Business Phone _____

Mobile Phone _____

Email Address _____

Birth Date _____

Relationship to Advisor(s) _____

G. Signature(s)

I acknowledge that I have read the *Fund Policies & Procedures* and agree to the terms and conditions described therein. I understand that any contribution, once accepted, represents an irrevocable contribution to the Jewish Community Foundation and is not refundable to me. I hereby certify that to the best of my knowledge all information presented in connection with this form is accurate and I will notify the Foundation promptly of any changes.

Advisor 1 Signature _____ Date _____

Advisor 2 Signature _____ Date _____

As representatives of the Jewish Community Foundation of Greater Mercer, we acknowledge receipt of your contribution to establish a Donor Advised Fund.

Executive Director _____ Date _____

Trustee _____ Date _____