



JEWISH  
COMMUNITY  
FOUNDATION  
of GREATER MERCER

4 Princess Road, Suite 211, Lawrenceville, NJ 08648  
Phone 609-219-0555  
Fax 609-219-9040  
info@foundationjewish.org  
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*

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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*

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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*

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Name \_\_\_\_\_

Occupation \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone / type \_\_\_\_\_

Email Address \_\_\_\_\_

*Professional Party 2*

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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 (JCFGM 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*

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship to Advisor(s) \_\_\_\_\_

*Successor 2*

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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 \_\_\_\_\_