

**INFORMATION AND AUTHORIZATION FORM FOR DEPOSITORY FUND**

The following information will enable us to open your Depository Fund, which may be opened with a minimum of \$1,000. A \$250 fee will be assessed annually in late September to support the operation of the Depository. Note: Depository funds opened between October 1 and December 31 will be charged \$250 in that year. You may direct the Depository to send contributions, of \$100 or more, in your name to any qualified 501(c)3 non-profit organization located within the United States. A \$1,000 minimum balance must be maintained.

You will receive a Federal charitable tax deduction for the full market value of your gift calculated on the average price of the stock for the day it is gifted to the Depository. Your Depository Fund will be credited with the total proceeds of the sale of your gift, less any brokerage fee.

You will receive a fund report at the end of each calendar quarter, which will include all activity in and out of your Depository Fund.

**Donor Name(s)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

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

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

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Disposition of Fund After Lifetime**

This form will also serve as your instructions for the disposition of the funds in your Depository Fund in the event of your death(s). These instructions may be changed at any time by submitting a new authorization form to the CFCI Depository.

I/We understand that 25% of any remaining balance is distributed to the Community Foundation to support operations and other charitable activities, and to help ensure support for the changing needs of the community.

Name of 501(c)3 Organization	Organization's Address	% of fund balance
Community Foundation of Central Illinois	3625 North Sheridan Road, Peoria, IL 61604	25%
<b>TOTAL</b>		<b>100%</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date