

The Hamilton Community Foundation is a wonderful example of community in action. We take great pride in maintaining our 56-year history, and you are part of that! Please take a few minutes to complete this profile so that we may continue to have the most up-to-date biographical information on you, your family, or your organization. Your history is an important part of our story!

Help us serve you better...

section one: your contact information

Please complete the section below to ensure that we have the most up-to-date information on file for you.

Fund name: _____

Donor 1 Profile:

(Please complete a profile for each donor listed in your fund agreement.)

Name: _____

Address 1: _____
(Please list primary address)

City: _____

State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Marital Status: single married widowed

Spouse's name: _____

Primary contact?: yes no

I would prefer being contacted via:
 Email Home phone Business Phone
 Cell Phone Mail

Donor 2 Profile:

Name: _____

Address 1: _____
(Please list primary address)

City: _____

State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Marital Status: single married widowed

Spouse's name: _____

Primary contact?: yes no

I would prefer being contacted via:
 Email Home phone Business Phone
 Cell Phone Mail

section two: your address information/additional contacts

Please include alternate contact information if applicable for your file in the event that we need to reach you regarding your fund. Examples of alternate addresses include your place of business, winter/summer residences, etc. Fund statements and other mail from the Foundation will be sent to the address listed in the previous section unless you request otherwise:

Type: _____
(Home, business, summer, winter, etc.)

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Effective dates: _____
(If applicable)

Please forward mail to this address during the above timeframe: yes no

Your professional advisor is a trusted partner to you and to the Foundation when discussing charitable giving and estate planning. We would like to include the names of your attorney, CPA, trust officer, financial planner, etc in your fund file.

Professional Advisors:

Name: _____ Name: _____

Firm: _____ Firm: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Profession: _____ Profession: _____
(e.g. attorney, accountant, financial planner, etc) (e.g. attorney, accountant, financial planner, etc.)

section three: how may we best serve you?

The Hamilton Community Foundation would like to recognize you for your support of our mission and the needs of our community. Please complete the following so that we know how you would like for us to list your name in Foundation materials and in correspondence with non-profits that you support from your fund.

Yes, you may include my name as it relates to our charitable contributions to the Foundation and other non-profits that we support through our fund.

I would like my name to appear as follows: (e.g. Mr. and Mrs. John Smith, John and Peg Smith, The John and Margaret Smith Advised Fund, etc.)

No, I wish to remain anonymous

I/We are interested in the following charitable areas:

Please check all that apply:

- | | | |
|--------------------------------|------------------------------|-------------------|
| Aging | Environment | Religion |
| Animals | Families | Technology/Access |
| Arts & Culture | Health | Veterans |
| Basic human needs | Historic Preservation | Women's issues |
| Children & Youth | Inclusiveness/Race Relations | Other: |
| Civil Society/Civic Engagement | Libraries/Literacy | |
| Early Childhood Development | Neighborhoods/Community | |
| Economic Development/Jobs | Development | |
| Education | Recreation/Sports/Fitness | |

Please contact me with grantmaking suggestions in my areas of interest: yes no

I would be interested in making granting suggestions from my fund online: yes no

For our future planning, would you like to have access to your fund online?: yes no
(instructions, grantmaking suggestions, password protected features, fund statements, etc.)

section four: your story

Please share your story with us! As a fund holder, you are part of our history. It is very important that we capture information about you, your family, and why you chose to do your charitable giving through the Foundation. We also request that you provide us with a photo for your file. Your photo does not have to be a formal studio shot, but instead can be something that captures the essence of you and your family. (e.g. in front of your garden, volunteering for an organization, teaching, etc.) If you have named your fund as a tribute to someone, please include a photo of the person you are honoring.

- A photo is enclosed that you may keep for your files.
- A photo is enclosed. Please make a copy and return the original to me.
- I will email a photo. (Please email the digital file in jpeg format to: info@hamiltonfoundation.org)

Donor's occupation and place of work: _____

Spouse's occupation and place of work (if applicable): _____

Maternal Parents _____ and _____
(father's full name) (mother's full name)

Paternal Parents _____ and _____
(father's full name) (mother's full name)

**Please fill out the information below if the fund is named for someone who is deceased:
Please list name(s) and date(s) of their death and their birthplace(s):**

Name(s) _____

Date(s) of their death(s):

_____ (month/date/year) _____ (month/date/year)

Birthplace(s): _____ (City, State) _____ (City, State)

Your relationship to those named:

Your community interests/involvement:

Your charitable interests:

Your organization/club memberships:

Your hobbies/interests:

Awareness of the Hamilton Community Foundation

Why did you choose to establish a fund at HCF?

How did you learn about HCF?

If you have any additional information you would like us to have for our archives, please attach to this information form.

Thank you!