### DONOR ADVISED FUND APPLICATION

## **BON SECOURS MERCY HEALTH** Foundation

Thank you for your interest in establishing a Donor Advised Fund with Bon Secours Mercy Health Foundation and for providing the information below.

When your form is complete, please review, sign, and send it via mail or email to:

Bon Secours Mercy Health Foundation c/o Donor Advised Fund 2525 Cherry Street | Toledo | Ohio | 43608

DAF@bsmhealth.org

#### **DONOR INFORMATION**

Donor #1:

Mr./Mrs./Ms./Dr	
Name of business (if corporate fund)	
Email	Date of Birth (optional)
Donor #2:	
Mr./Mrs./Ms./Dr	
Name of business (if corporate fund)	
Phone	
Email	Date of Birth (optional)

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#### **FUND NAME**

1

You may propose a name for this donor advised fund. Distributions from the fund are accompanied by a letter acknowledging the donor advised fund name (e.g., "The Smith Family Fund") and donor recommending the grant, unless you request anonymity.
Proposed Name of Fund:Fund
ADVISORS TO THE FUND
Please list the initial advisor(s) to the fund (if different than donor(s)).
Mr./Mrs./Ms./Dr
Name of business (if applicable)
Address
City/State/Zip
Phone
Email
SUCCESSOR ADVISORS TO THE FUND  If any, please name the successor advisors to this fund.  Successor advisors to serve (check one):
Mr./Mrs./Ms./Dr
Name of business (if applicable)
Address
City/State/Zip
Phone
Email

## DONOR ADVISED FUND APPLICATION



2	Mr./Mrs./Ms./Dr.
	Name of business (if applicable)
	Address
	City/State/Zip
	Phone
	Email
	INITIAL CONTRIBUTION
	Please provide us with information regarding your initial contribution to create the donor advised fund.
	Amount of Initial Contribution \$
	Form of Gift (cash, stock, other)
	Estimated Date of Contribution
	SIGNATURE
	Please sign and date:
	DONOR #1
	Date
	DONOR #2
	Date

Thank you. We look forward to working with you.