

AUTHORIZATION FORM CHARITABLE CHECKING FUND Companies

Date _____

- I. Please open a fund in The Community Foundation of Louisville Corporate Depository, Inc. for: Fund Name:
- II. Quarterly reports and other Foundation mailings will be sent to the contact below:

Main Contact:				
Address:				
City:	State:		Zip:	
Preferred Phone:		Home	Business	Cell
E-mail:		Date	of Birth :	
Additional copies of Quarterly reports	and other Foundat	tion mailings sho	uld be sent to:	
Name:		U U		
Address:				
		Zip:		
Preferred Phone:		Home	Business	Cell
(annual report, newsletter, website, etc.III. The following persons are authorized that must authorize any distribution is	to make distributio			of people
Authorized Signer:		Title:		
Address:				
City:	State:		Zip:	
Preferred Phone:		_ 🗌 Home	Business	Cell
E-mail:		Date of Birth :		
Signature:		_		
Authorized Signer:		Title:		
Address:				
City:	State:		Zip:	
Preferred Phone:		Home	Business	Cell
E-mail:		Date of Birth :		
Signature:		_		
	Community Foundation of L ain St., Suite 1110 • Louisvil			Page 1 of 4

(502) 585-4649 • (502) 587-7484 fax www.cflouisville.org

Authorized Signer:	Title:		
Address:			
City:			
Preferred Phone:	Home	Business	Cell
E-mail:	Date of Birth :		
Signature:	_		
Authorized Signer:			
Address:			
City:			
Preferred Phone:	_ Home	Business	Cell
E-mail:	Date of Birth :		
Signature:			

- IV. Distributions can be made to any IRS-approved public charity in the United States. Distributions may be made weekly.
- V. If the company establishing the Charitable Checking Fund should dissolve or cease to exist legally, any remaining fund balance will be distributed to the Fund for Louisville within the following twelve months, unless otherwise designated in the Letter of Final Disposition.
- VI. We understand and agree to the following procedures regarding fundraising activities when the proceeds will be added to the fund. We also acknowledge that the Community Foundation does not give tax advice, so we should always seek legal advice before publicly announcing that individual contributions will be tax deductible. Before conducting any campaign or event that will benefit the fund, we will consult with the Community Foundation to confirm we are in compliance with the following procedures.

Fundraising with a Donor Benefit or a Special Event

The Community Foundation of Louisville does not directly accept contributions or participate in fundraising campaigns where the donor receives goods or services in exchange for their donation. Additionally, the Foundation does not participate in or sanction special events on behalf of a Fund at the Community Foundation, and the benefits of the Community Foundation's nonprofit status may not be used for such special events. The Community Foundation will not promote the special event or be directly involved in its planning or execution in any way. Rather, the company plans and executes a fundraising event, and donor checks are made payable to that company. The company then makes one lump sum donation to the Fund. Unless the event is sponsored by a qualified non-profit organization (not the Community Foundation), individual contributions are not tax-deductible to the donor.

Procedures for Fundraising with a Donor Benefit

- 1. The company plans and executes a fundraising program or event with benefits to the donor. Companies may not use the Community Foundation name, logo, tax exempt number, or name of the Fund in any materials connected with the program.
- 2. The company is responsible for obtaining any necessary insurance, permits, licenses, approvals, etc.
- 3. Donors and individual event participants (ticket purchasers, sponsors, golf players, etc.) should make their payments to the company and not to the Community Foundation.
- 4. The company may record the contributors' names and addresses and may provide a "courtesy acknowledgement." The acknowledgement letter *must not* include any language stating that the letter serves as an official receipt for IRS purposes or include any reference to tax deductibility.
- 5. The company pays expenses and sends the net proceeds of the fundraiser to the Community Foundation for addition to the Fund. The Community Foundation records the gift as coming from the event from a variety of "third party donors."

Fundraising with No Donor Benefit

You may plan on conducting a gift solicitation – with no donor benefit – that will be deposited into your Charitable Checking Fund. The Community Foundation will not promote such a solicitation or be directly involved in its planning or execution in any way.

Procedures for Fundraising with No Donor Benefit

- 1. The company conducts the direct solicitation, either by phone, letter, e-mail, or any other solicitation methods. Any materials that include the Community Foundation name must be approved by the Community Foundation in advance.
- 2. All checks should be made payable to the Community Foundation of Louisville and reference the fund name on the memo line of the check. All cash additions to the Fund will be considered contributions from the company. Donors may also make online donations through the Community of Foundation of Louisville's website.
- 3. Checks should <u>not</u> be sent directly to the Foundation by donors. Rather, the company should collect the checks and then forward a batch of checks to the Foundation. The company should retain name and address information for all contributions so they can directly thank the donor for all gifts.
- 4. The Foundation will acknowledge up to 25 individual contributions without a fee. The Fund will be assessed a \$50.00 administrative fee for each additional batch of 25 acknowledgement letters sent by the Foundation. The Foundation will send a letter to the company that acknowledges the receipt and deposit of the total checks received in each batch.
- 5. If a donor wishes to make a gift of appreciated stock to the Fund, the donor (or company) should contact the Foundation before any stock transfer is attempted. The Foundation will acknowledge all gifts of stock to the Fund.

- 6. The Community Foundation does not provide any outcomes reporting to funding companies. The company should partner with another non-profit organization for any grant proposal purposes. The Community Foundation should not be named in any grant applications or other funding request documentation.
- 7. Procedures for accepting and acknowledging gifts to the company's Fund within the Community Foundation will be followed as described above, unless an exception is attached to this document.

Signature:	Signature:

Signature:_____ Signature:_____



LETTER OF FINAL DISPOSITION

CHARITABLE CHECKING FUND

Companies

The Community Foundation of Louisville Corporate Depository, Inc. 325 W. Main St., Suite 1110 Louisville, KY 40202 Date: _____

Please accept this letter as our instructions to The Community Foundation of Louisville Corporate Depository, Inc., for the disposition of the remaining funds in our Charitable Checking Fund in the event that our company dissolves or ceases to exist legally. We understand that all distributions must be made within the first year following such an event.

Please distribute any funds remaining in our Charitable Checking Fund to the organizations listed below and in the percentages indicated.

_____% to______% to _____% to _____

% to the Fund for Louisville within The Community Foundation of Louisville, Inc.

% of the fund to the General Unrestricted Endowment of the affiliate foundation in the following area:

Shelby County

- Nelson CountyOldham County
- Green River area (Owensboro)Wilderness Trace area (Danville)

_____ % to add to an existing permanent fund in The Community Foundation of Louisville, the

_____ Fund.

____ % to establish a new permanent fund in The Community Foundation of Louisville to be named the ______ Fund (\$25,000 minimum).

Please make this letter part of our Charitable Checking Fund File to be used if needed. We understand that these instructions may be changed at any time by adding a new letter to the file.

Sincerely,

 Print Name
 Company Representative

 Print Name
 Company President/Executive Director

 Organization Name
 Address

 City, State Zip
 Phone