



TOP Jewish Foundation

We make giving easier.

New Fund Worksheet

Fund Name: _____

Type of Fund: Managed Endowment Donor Advised Fund

Donor Name(s): _____

Address for Statements: _____

E-mail: _____ Phone: _____

E-mail: _____ Phone: _____

For Donor Advised Fund

1. Names of Recommenders: _____

2. Names of Successor Recommenders if any: _____

- a. Upon death of either donor
 Upon death of both donors
- b. Can recommend additional recommenders
 Cannot recommend additional recommenders

3. Send additional statements to: _____

About the Gift

1. How much? _____
 2. In what form? _____
 3. Anticipated date of the gift? _____
 4. Details about non-cash gifts: _____
-

Investment Option(s)

- Balanced Pool (55% equities, 45% fixed income)
- Equities Pool
- Fixed Income Pool
- Money Market

Recognition and Personal Information

I permit TOP to use the name of this fund in publicity. I understand fund balances will never be published.

I permit TOP to publish the names of organizations that my fund may distribute to. I understand that grant amounts will never be published.

Signature

Date

Signature

Date

Emilie Socash, Executive Director

Date