



## Donor Information (Schedule A)

### 1. Donor Information

Donor's Name(s): \_\_\_\_\_

Primary Address: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Seasonal Address: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicable Dates: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Optional)

### 2. Contribution Information

Cash Amount: \$ \_\_\_\_\_

Make checks payable to: Central Pennsylvania Community Foundation

#### Marketable Securities

*Name of Security Issuer*

*# of Shares*

*Approximate Value*

<i>Name of Security Issuer</i>	<i># of Shares</i>	<i>Approximate Value</i>
_____	_____	_____
_____	_____	_____

### 3. Fund Information

Anticipated Additional Contributions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Distribution Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Disposition Plan

Upon my (our) death, I recommend the following disposition of my fund: (circle A, B or C)

A. Continuation of the Fund with the person(s) named below to succeed me (us) as the advisor of the fund:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Donor: \_\_\_\_\_

B. Continuation of the Fund with annual distributions for the on-going support of the following charitable organization(s):

<i>Charitable Organization</i>	<i>Address</i>	<i>Amount or payout %</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Immediately distribute the Fund balance to the following charitable organization(s):

<i>Charitable Organization</i>	<i>Address</i>	<i>% of Fund</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Investment Management Information

I recommend that the Fund be initially invested in the following class: (circle A, B or C)

- A. Class I – Conservative
- B. Class II – Moderate
- C. Class III – Growth Emphasis

I also recommend the following Bank Trust Department or Registered Investment Advisor (RIA) as the custodian of the Fund:

Name (if applicable): \_\_\_\_\_

Bank/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_