

**The Warren County Foundation
Charitable Checking Donor Information Form**

Name of Fund: _____

Donor Information: *(Please attach additional sheets if necessary)*

Donor 1:
Name _____

Donor 2:
Name _____

Address _____

Address _____

Home Phone () _____

Home Phone () _____

Business Phone () _____

Business Phone () _____

Social Security No. _____

Social Security No. _____

Date of Birth _____

Date of Birth _____

Initial contributions of cash/check and/or estimated value of securities: \$ _____
To contribute stock certificates held personally or by a financial firm:

Name of Stock _____ No. of shares _____

Approximate Value _____ Cusip No. _____

Name of financial firm (if applicable) _____

Address _____

Do you currently work with an advisor?

Advisor's Name _____

Advisor's Address _____

Authorization of Concurrent/Successor Advisor(s)

Please complete the section below to name non-donor individuals permitted to recommend grants from your fund. This authorization can only be revoked through written instructions to The Warren County Foundation from a donor.

Name _____ (Concurrent Successor Advisor)

Address _____

Date of Birth _____ Relationship to Donor _____

I understand that any contribution, when accepted by the Board of Trustees, represents an irrevocable contribution to The Warren County Foundation and is not refundable to me. (Please attach any additional donor signatures.)

Signature – Donor 1 Date _____

Signature – Donor 2 Date _____