

Community Foundation of Central Illinois

DEPOSITORY ENROLLMENT FORM

The following information will enable us to open your Depository Fund, which may be opened with a minimum of \$1,000.00. You may direct the Depository to send contributions, of \$100.00 or more, in your name to any 501c3 non-profit organization located within the 50 United States, after a 60-day waiting period from the date of your gift. If a distribution is requested before the end of the 60-day period, a \$100.00 fee (in the form of a \$100.00 contribution to the CFCI Operating Fund) will be assessed.

You will receive a federal charitable tax deduction for the full market value of your gift calculated on the average price of the stock for the day it is gifted to the Depository.

Your Depository Fund will be credited with the total proceeds of the sale of your gift, less any brokerage fee. No capital gains tax liability is incurred.

You will receive a fund report as of the end of each calendar quarter which will include all activity in and out of your Depository Fund.

Name(s) to appear on the Fund: _____ D.O.B. _____

_____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Phone: Work _____ Home _____ Cell _____

E-mail: _____

My (our) employer(s) have a Matching Gifts Program: YES NO

If yes, employer: _____

This form will also serve as your instruction to the Depository **for the disposition of the funds in your Depository Fund in the event of your death(s)**. These instructions may be changed at any time by sending a new letter to the CFCI Depository.

ORGANIZATION _____ % OF FUND BALANCE _____

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ORGANIZATION _____ % OF FUND BALANCE _____

SIGNATURE

SIGNATURE

DATE

A copy of this signed form will be returned to you for your files.

Community Foundation of Central Illinois
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