



The Dayton Foundation
We help you help others.

The Regional Community Foundation

1401 S. Main St., Suite 100
Dayton, Ohio 45409

Phone: (937) 222-0410
Fax: (937) 222-0636

Website: www.daytonfoundation.org

E-mail: info@daytonfoundation.org

Charitable Checking AccountSM Application for Organizations

The following information is for internal use only and will not be shared with any individuals or organizations outside of The Dayton Foundation.

Please note that a Corporate/Organization Resolution and Indemnification form must be completed and sent to the Foundation to open your account officially.

If you prefer to speak to someone directly about opening a Charitable Checking Account, please contact Laura Hart at (937) 225-9937. You also may e-mail her at lhart@daytonfoundation.org.

Note: asterisked items () are required for us to complete your application.*

Your Organization*

Organization Name _____

Type of Organization _____

Not-for-profit EIN# _____

For-profit

Unincorporated Group

Major Purpose (e.g., Arts, Public Benefit, etc.) _____

Organization Street Address _____

City _____ State _____ Zip Code _____

Primary Contact at Organization*

Title Mr. Mrs. Ms. Miss Dr. Prof. Other _____

Contact Name (first & last) _____

Position _____

Mail-to Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Business Telephone _____

Authorized Officer to Act as Advisor to Fund

Please provide the following information for the authorized officer and/or employee who may serve as an advisor to your organization's Charitable Checking Account, and, therefore, direct grants from your account.

Authorized Officer is same as Primary Contact

Name (first & last) _____

Position at Organization _____

Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Phone _____

Date of Birth, if known (mm/dd/yyyy) _____



Confirmed in Compliance with National Standards for U.S. Community Foundations

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Community Fund Group Recognition

Several Greater Dayton communities have established foundations under the umbrella of The Dayton Foundation to benefit their respective areas. Please check the appropriate box if you would like to have your fund recognized (for publication purposes only) as part of one of the following community fund groups of The Dayton Foundation:

- Not applicable
- African-American Community Fund
- Asian-Indian Community Fund
- Centerville-Washington Foundation
- Vandalia-Butler Foundation

Your Suggested Fund Name and Fund Preferences*

You can select a name for your fund that means the most to you, such as your family name (e.g., “Jane and John Smith Fund,” “The Smith Family Fund”). Your fund name will appear on grant checks to charities unless, when making the grant, you specifically request to remain anonymous.

Fund Name _____
Fund Purpose for Publications _____

- Make fund anonymous in publications
- Make fund anonymous in grant letters/checks
- I plan to accept outside contributions to my fund. Make my fund publicly searchable on The Dayton Foundation website for credit card and bank transfer gifts.

Your Website and Technical Contact Information

If you plan to or have a website, Facebook page or other online presence that references your fund it must be in compliance with The Dayton Foundation’s Component Fund Website and Privacy Policy. Pursuant to that policy, all donations to your fund must be made via The Dayton Foundation’s website unless your organization has its own EIN number.

- I plan to create an online presence at a later date.

Technical Contact Name (first & last) _____
Email _____
Phone _____
Website URL _____
Facebook link _____

Please Tell Us How You Learned about the Charitable Checking Account Service
(check all that apply)

- Saw it on your website
- Received a mailing about the service
- Read about it in a Charitable Checking Account brochure
- Read about it in a Dayton Foundation newsletter or annual report
- Heard about it from a Dayton Foundation donor

- Heard about it from a Dayton Foundation staff or Governing Board member
- Read about it in the newspaper or in an advertisement
- Saw it on your Facebook, LinkedIn or Twitter page
- Read about it in an electronic communication (Good News Snapshot, email, etc.)
- Learned about it from my financial/estate advisor

If so, please tell us the advisor's name (first & last) _____

Company _____

City _____ State _____

- Other (please specify:) _____

Gift Contribution and Next Steps

Specific instructions for how to make a contribution to your fund will be sent to you within one to three business days.

Once your initial contribution has been received, you may begin to direct grants to charities. If no contributions are received within a year following your fund's establishment date, The Dayton Foundation will close the fund.

Terms and Conditions

I hereby certify that, to the best of my knowledge, all information presented in connection with this application, including contact information, is accurate, and I promptly will notify The Dayton Foundation of any changes.

I understand that any contribution to this fund, when accepted by The Dayton Foundation's Charitable Checking Account Service, represents an irrevocable contribution and is not refundable. I also understand that I may close this Charitable Checking Account at any time without penalty by submitting such a request in writing to The Dayton Foundation, 1401 S. Main Street, Suite 100, Dayton, Ohio 45409, or to info@daytonfoundation.org.

I have read the Fundraising Policy, Fund Activity Policy, and Component Fund Website and Privacy Policy and accept all terms and conditions.

Authorized Signature

Date

Title

President, The Dayton Foundation

Date

Send Your Completed Application to:

Charitable Checking Account Service
The Dayton Foundation
1401 S. Main Street, Suite 100
Dayton, Ohio 45409

or fax it to us at (937) 222-0636



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Charitable Checking AccountSM Corporate/Organization Resolution and Indemnification

Use this form to certify the names of officers and/or employees who are authorized to act on behalf of your corporation or organization in connection with its Charitable Checking Account.SM

This form is required to open your organization's account and must be completed by the secretary or another designated officer. Please submit any changes to this resolution, including designating or revoking advisors, in writing to the Charitable Checking Account Service.

If you have questions about this form or about your organization's Charitable Checking Account application, please contact Laura Hart at (937) 225-9937 or toll free at (877) 222-0410. You also may e-mail her at lhart@daytonfoundation.org.

Section 1: Your Organization

Organization Name _____

Suggested Account Name (as listed on your Charitable Checking Account application) _____

Section 2: Authorized Officer and/or Employee to Act as Account Advisor

Please provide the following information for the authorized officer and/or employee who may serve as an advisor to your organization's Charitable Checking Account, and, therefore, direct grants from your account.

Advisor Name _____

Title _____

Daytime Telephone _____

E-mail Address _____

Signature _____

Section 3: Certification of Account Advisor

As an authorized officer of the organization named in Section 1, I hereby certify that the individual(s) listed in Section 2 are duly authorized to act on behalf of the organization in connection with its Charitable Checking Account at The Dayton Foundation.

Authorized Individual's Name (please print) _____

Signature _____

Title _____ Date _____

Telephone Number _____

E-mail Address _____

Section 4: Indemnification

The organization and its officers agree to indemnify and hold The Dayton Foundation Charitable Checking Account Service and its officers, employees and agents harmless from acting on instructions believed by the Service to have originated from an account advisor named in Section 2. This resolution is to remain in effect until revoked in writing by one of these officers and submitted to the Charitable Checking Account Service

Signature of Authorized Officer of Organization _____ Date _____

Return This Completed Form to:

Charitable Checking Account Service
The Dayton Foundation
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Dayton, Ohio 45409
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