

# YOUR STORY IS OUR STORY

Donors, like you, are an important part of The Dayton Foundation's history. We'd like to know a little more about you and what inspired you to create your charitable legacy. Please take a few minutes to complete the secure form below. Information collected from these forms help us to identify potential donor stories to be featured in Foundation publications, website and other media.

Your personal information will not be distributed in any manner without your explicit consent, however. All requests to remain anonymous will be honored.

If you have any questions, contact Gina Sandoval at (937) 225-9974 or at [gsandoval@daytonfoundation.org](mailto:gsandoval@daytonfoundation.org).

\*Fund Name: \_\_\_\_\_

\*Fund Holder Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

Alma Mater(s) and Degree(s) Attained: (limit 500 characters)

Professional/Military Experience: (limit 500 characters)

Marital Status: \_\_\_\_\_

## Spouse/Partner Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: (if applicable) \_\_\_\_\_

(Over)

Marriage Date: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alma Mater(s) and Degree(s) Attained:

Professional/Military Experience: (limit 500 characters)

Is there a joint account advisor to the fund? (If different than spouse/partner) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Primary Fund Holder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alma Mater(s) and Degree(s) Attained:

Professional/Military Experience: (limit 500 characters)

Children's Full Name(s) (maiden)	Date of Birth	Current Address, City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place of Worship: \_\_\_\_\_

Areas of Interests: (Hobbies, organizational affiliations, charitable interests, etc.) (limit 500 characters)

I heard about The Dayton Foundation through (check all that apply):

my financial or estate planning advisor

Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> the Foundation's website                         | <input type="checkbox"/> electronic publication (Good News Snapshot, etc.) |
| <input type="checkbox"/> a Foundation donor                               | <input type="checkbox"/> a Foundation mailing                              |
| <input type="checkbox"/> a relative or friend                             | <input type="checkbox"/> a Foundation publication                          |
| <input type="checkbox"/> a Foundation staff or Board member               | <input type="checkbox"/> a newspaper article or advertisement              |
| <input type="checkbox"/> social media (Facebook, Twitter, LinkedIn, etc.) | <input type="checkbox"/> other (please specify): _____                     |

**Your Reason for Giving**

Why did you decide to help others through The Dayton Foundation? (limit 500 characters)

Who or what inspired your charitable values? (limit 500 characters)

For what would you like to be remembered? (limit 500 characters)

If this fund is named in honor or in memory of someone, please tell us about that person. (limit 500 characters)

Please include any additional information you'd like to share below. (limit 1,000 characters)

*Thank you for being such an important part of The Dayton Foundation's history.*