

Named Fund Form

Establishing a Named Fund

I/We wish to establish a Named Fund and understand that, to do so, my/our gift is to be \$50,000 or more. This document sets out our intent, to guide Momentum Waikato on the use of our donation.

Our new Named Fund with Momentum Waikato will be known as:

I/We would like our gift of \$_____ to be invested in perpetuity with the **Waikato Future Fund**, with distributions made from the income earned.

Distributions

Select as many as apply:

a) ____ % is to be **distributed** to the Waikato's highest community needs and aspirations, as identified by Momentum Waikato's 'Vital Signs' research.

b) ____ % is to be **distributed** to the following areas of interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts & Culture ____ % | <input type="checkbox"/> Children & Youth ____ % | <input type="checkbox"/> Economic Vitality ____ % |
| <input type="checkbox"/> Education ____ % | <input type="checkbox"/> Environment ____ % | <input type="checkbox"/> Health ____ % |
| <input type="checkbox"/> Recreation/Sport ____ % | <input type="checkbox"/> Strong Communities ____ % | |

c) ____ % is to be **distributed** to the following charity or charities:

Additional Comments

Please provide any further relevant information about your interests and aspirations, to assist Momentum Waikato with future decision-making on your behalf.

Authorisation for Name Disclosure

Momentum Waikato appreciates being able to publicly identify its donors in its marketing, so as to recognise their generosity and encourage further support from the community. Momentum Waikato will only disclose its donors' names with their specific permission.

Yes, I/we agree to being publicly identified as a donor(s) to Momentum Waikato.

No, I/we wish to remain anonymous.

Donor Profile

Full name/s	
Organisation	
Address	
Mobile	
Alternative phone #	
Email	

Signed by Donor/s

Full name (please print) _____

Signature _____ Date _____

Full name (please print) _____

Signature _____ Date _____

Signed by Momentum Waikato

Full name (please print) _____

Signature _____ Date _____

Please return this form to:

Momentum Waikato Community Foundation

P O Box 9283, Hamilton 3240

Tel 07 834 0404. Email info@momentumwaikato.nz

Momentum Waikato is registered with the NZ Charities Commission #CC49535