****

**2023 Component Fund Membership Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fund Name |  | | | | | | | | |
| Community foundation that holds the fund |  | | | | | | | | |
| Fund Mailing Address |  | | | | | | | | |
| City |  | | | | | State |  | Zip |  |
| Phone |  | Website |  | | | | | | |
| Primary Fund Contact/ Individual |  | | | Title |  | | | | |
| Contact’s Phone Number |  | | | Email |  | | | | |
|  |  | | |  |  | | | | |

|  |  |
| --- | --- |
| **Membership Type and Giving**  (Please select one) | **Types of Giving**  (Check as many as apply) |
| Donor Advised Fund   Geographic Affiliate Fund  Other Component Fund:  Does your organization have paid staff?  Yes  No  Number of volunteers:  Total Assets $ | Advocacy  Capacity-building  Capital Campaigns  Disaster Relief  General Operating  Loan/PRIs  Program/Project Specific  Scholarships  Other: |

|  |  |  |
| --- | --- | --- |
| **Please indicate your primary giving interests**  (Check as many as apply) | | |
| Arts & Culture  Education  Environment | Health  Human Services  International Affairs | Public Affairs/Society  Religion  Other: |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Key Priorities**   Please type in your top three priority funding areas within your primary giving interests. | |  |   **Guiding Principles, Diversity and Consent** |
| *I/We intend to abide by the applicable* [*Guiding Principles*](https://www.philanthropyohio.org/resources/philanthropy-ohio-guiding-principles) *and be informed by the* [*Diversity Statement.*](https://www.philanthropyohio.org/resources/philanthropy-ohio-diversity-equity-inclusion-and-belonging-statement) *I am authorized* *to and hereby consent for this organization or individual to receive correspondence sent by or on behalf of Philanthropy Ohio.*    *If digitally signing this document, double click the Sign dialog box and select “ok.” Then click “select image” and locate your signature image file and click Select. You can also print this document out and include your handwritten signature.* |

|  |
| --- |
| **Mission Statement**   Please type in your mission statement. |
|  |

|  |
| --- |
| **Additional Organizational Contacts** |
| Since your membership is organization-wide, please list additional colleagues to be entered into Philanthropy Ohio’s member database. Include additional pages, if necessary. |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |
| Contact |  | Title |  |
| Phone |  | Email |  |
| Address |  | | |
|  | | | |