

DONOR INFORMATION FORM

ADVISOR 1

(Note: all correspondence will be sent to Advisor 1 unless otherwise specified)

Full Name (First, Middle, Last)		Nickname		Preferred Salutation (ex. Mr. James L. Smith or Jim Smith)	
Date of Birth	Preferred Phone	Preferred Email		Wedding Anniversary (if applicable)	
Home Address	City		State	Zip	
Seasonal Address	City		State	Zip	
			Send Mailings To My: ☐ Home ☐ Work		
Months Utilized (correspondence will be re-directed to seasonal address during these months)					
Business or Organization Name		Position			
Business Address	City		State	Zip	
Communication Preference: ☐ Mail ☐ E-Mail ☐ Phone ☐ In-Person Visit					
Would you like to receive information about community wishes and initiatives seeking donor support? ☐ Yes ☐ No					
Do you prefer public recognition or anonymity for your grants? ☐ Yes ☐ No					
Have you included the HICF in your estate plans? ☐ Yes ☐ No					
Funding interest areas: ☐ Education ☐ Social Services ☐ Arts & Culture ☐ Other:					

ADVISOR 2

Full Name (First, Middle, Last)		Nickname		Preferred Salutation (ex. Mr. James L. Smith or Jim Smith)	
Date of Birth	Preferred Phone	Preferred Email		Wedding Anniversary (if applicable)	
Home Address	City		State	Zip	
Seasonal Address	City		State	Zip	
			Send Mailings To My: ☐ Home ☐ Work		
Months Utilized (correspondence will be re-directed to seasonal address during these months)					
Business or Organization Name		Position			
Business Address	City		State	Zip	
Communication Preference: ☐ Mail ☐ E-Mail ☐ Phone ☐ In-Person Visit					
Would you like to receive information about community wishes and initiatives seeking donor support? ☐ Yes ☐ No					
Do you prefer public recognition or anonymity for your grants? ☐ Yes ☐ No					
Have you included the HICF in your estate plans? ☐ Yes ☐ No					
Funding interest areas: ☐ Education ☐ Social Services ☐ Arts & Culture ☐ Other:					