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**2025 Component Fund Membership Form**

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| 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 |       |
| EIN Number (if applicable)  |       |  |  |

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| **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: |

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| **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:       |

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| **Key Priorities**  Please type in your top three priority funding areas within your primary giving interests.  |
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**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.* |

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

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| Contact  |       | Title |        |
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