

DONOR INFORMATION WORKSHEET

Donor 1 Name _____

Donor 1 Date of Birth _____ Soc. Sec. No. _____

Donor 2 Name _____

Donor 2 Date of Birth _____ Soc. Sec. No. _____

Company or Foundation (if applicable) _____

Street Address _____

City, State, Zip _____

Alternate Address _____

City, State, Zip _____

Telephone _____ Fax _____

E-Mail _____

Financial Advisor's Name _____

Financial Advisor's Address _____

City, State, Zip _____

Tel. _____ Fax _____ E-Mail _____

Accountant's Name _____

Accountant's Address _____

City, State, Zip _____

Tel. _____ Fax _____ E-Mail _____

Attorney's Name _____

Attorney's Address _____

City, State, Zip _____

Tel. _____ Fax _____ E-Mail _____

Successor Charitable Advisor's Name _____

(Person appointed to make distribution recommendations if donor(s) are no longer willing or able to.)

Street Address _____

City, State, Zip _____

Telephone _____ Fax _____

Signature Donor 1 _____ DATE _____

Signature Donor 2 _____ DATE _____

THE AMERICAN FOUNDATION

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