

FORM 1: NAMED FUND ESTABLISHMENT

Named Fund Holder Details	
Title: (Mr, Mrs, Ms, Dr)	
Name:	
Postal Address:	
Suburb:	
Phone:	
Email address:	
Donor Details - Second contact (if applica	able)
Title: (Mr, Mrs, Ms, Dr)	
Name:	
Postal Address:	
Suburb:	
Phone (daytime):	
Email address:	
Name of Fund	
Name you would like your Named Fund recor	ded as:
 the Trustee may change the name of the name o	If for in the statutory financial statements of Fremantle t accounts in respect of the assets will be maintained for the ntification. The Trustee may provide reports of the ement account to the Donor but is not to be under an tain a management account and account for the money and
Signature	Signature
Name of Fund Holder	Name of Fund holder
Signature of Executive Officer	Date

Date

Signature of Chair

FORM 2: PREFERENCES

☐ ARTS & CULTURE

DONOR GRANTING PREFERENCES
Describe the areas of interest or specific charities of interest which the Trustees may take into consideration when making grants:
FOCUS AREAS
If you are open to ideas on which causes to support, the Fremantle Foundation encourages making an ongoing impact towards the vital issues of the community that we have identified.
Please tick any of the areas below you are interested in supporting.
☐ HEALTH & WELLBEING
HOMELESSNESS
☐ EDUCATION
■ ENVIRONMENT
☐ FAMILY & COMMUNITY
☐ ABORIGINAL ORGANISATIONS

FORM 2: PREFERENCES

ANNUAL DISTRIBUTION The legal requirement is to grant a minimum of 4% of all Funds managed by the Fremantle Foundation Trustees each financial year. What is your preference on the distribution of Grants? Interest Only Interest and a Percentage of the fund _______% Accumulation PRIVACY POLICY The Fremantle Foundation's privacy policy is available online at www.fremantlefoundation.org.au/privacy or you can email us at admin@fremantlefoundation.org.au to request a copy to be sent to you. The Fremantle Foundation from time to time includes information about its donors, fundholders and grants in newsletters, publications and on it's website. In addition, donors and fundholders are named in approval letters to grant recipients and grant recipients are requested to acknowledge the Foundation and the relevant fundholder in material. Please indicate if you would prefer to remain anonymous. ☐ I would prefer for my fund to remain anonymous. YOUR INVOLVEMENT WITH THE FREMANTLE FOUNDATION We invite you to join the Fremantle Foundation's community of donors. Please indicate your interests below: I would like to receive invitations to the Fremantle Foundation's events, particularly for my nominated Impact Area/s. The Fremantle Foundation may acknowledge my Named Fund in it's Annual Report and website. ☐ I am interested in being contacted about involvement in newsletter or website stories. **BEQUEST** I would like to receive information about leaving a bequest to the Fremantle Foundation in my will.

Would you like to be on our Newsletter list? Yes/No

6 monthly Once a year Other:

When is the best time to contact you about your giving?

Anytime End of Financial Year Start of Financial Year Other:

How often would you like the Fremantle Foundation to personally contact you throughout the year?

CONTACT BY FREMANTLE FOUNDATION

FORM 3: DONATIONS

INITIAL DONATION

I will make an initial unconditional donation of \$Named Fund by the following method.	to Fremantle Foundation for my
☐ Credit Card Please charge my credit card: ☐ Visa ☐ Mastercard ☐ American Express	
Name on Card:	
Card Number:	
Expiry Date:	
CVV:	
Online Please send me the link to make a payment online.	
☐ Direct deposit Direct Deposits can be made with the following details: Fremantle Foundation Trust BSB: 633 000 ACC: 142 792 035 Ref: Your Fund Name	
☐ Cheque: To make initial donation by cheque please forward this applica "Fremantle Foundation Trust" to PO Box 1397, Fremantle W	•
ESTABLISHING A DIRECT DEBIT Direct debits can be made with the following details: Fremantle Foundation Trust BSB: 633 000 ACC: 142 792 035 Ref: Your Fund Name	

FORM 4: ADDITIONAL CONTACTS

NAME OF CHARITABLE FU	ND:	
permission to:	tle Foundation allow the following po	erson/s to be Additional Contacts, with
—	ut the Named Fund and receive inforgeout of receiving such information)	rmation about the Fremantle Foundation and)
	Named Fund Holder in nominating ր nple, due to death or incapacity)	preferences where no Named Fund Holder
Name:		
Suburb	State	Postcode
Email:		
Phone:		
	nan one additional contact)	
Address		
Suburb	State	Postcode
Email:		
Phone:		
Relationship:		
Name:		
	State	
Email:		
Phone:		
Relationship:		
Please inform each addition	onal contact that you have nominate	ed them.
Signature	 Signature	 Signature
Name	Name	Name
Date	 Date	 Date

NEXT STEPS

- 1. Return a completed Named Fund Establishment Form to the Fremantle Foundation via sue@fremantlefoundation.org.au
- 2. Make an initial donation.

Once we have received the form and the funds have been cleared, we will receipt your donation and be in immediate contact to provide all the support you need.

ACKNOWLEDGEMENTS

- the gifts form part of the trust fund of Fremantle Foundation and do not form a separate fund;
- the Trustee may change the name of the management account if it is required under law or recommended by the ATO and will consider any request from the Donor as a change in name;
- the assets will not be invested separately from the trust fund;
- the assets will not be separately accounted for in the statutory financial statements of Fremantle
 Foundation, though separate management accounts in respect of the assets will be maintained for the
 purposes of internal management and identification. The Trustee may provide reports of the
 investments and application of the management account to the Donor but is not to be under an
 obligation to do so;
- the Trustee may at any time cease to maintain a management account and account for the money and investments in the general accounts for the Trust Fund.