



THANK YOU FOR YOUR SUPPORT!

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Thank You Sent: _____

Date of Application: _____

Zoological Lighting Institute (ZLI) & ZLI Campaign

Donor-Advised Fund (DAF) Application Form

Instructions:

Complete this form to establish a **Donor-Advised Fund (DAF)** with **The Zoological Lighting Institute (ZLI)** and the **ZLI Campaign**. Submit the completed form via **email** (admin@zoolighting.org) or **mail to:**

Donor Advisory Fund c/o
Zoological Lighting Institute (ZLI)
85 Broad Street, 17th Floor
New York, NY 10004
Email: admin@zoolighting.org
Phone: 01-212-317-2927



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Section 1: Donor Information

Primary Donor Name: _____
Organization (if applicable): _____
Mailing Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____
Social Media: _____

Co-Donor/Joint Donor (if applicable):

Name: _____
Relationship to Primary Donor: _____
Phone Number: _____
Email Address: _____
Social Media: _____

Section 2: Donor-Advised Fund Details

Proposed Fund Name (Optional):

(e.g., "Smith Family Little Birds Fund")

Initial Contribution Amount:

- ☐ \$5,000 (Minimum)
☐ Other: \$ _____

Type of Contribution (Check all that apply):

- ☐ Cash (Check/Wire Transfer)
☐ Publicly Traded Securities (Stocks, Bonds, Mutual Funds)
☐ Other Assets (Please Specify): _____

Would you like your contribution to be anonymous?

- ☐ Yes ☐ No



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Section 3: Grant Recommendation Preferences

I wish to support the following **ZLI initiatives**:

- ☐ **ZLI Endowments (Named Scholarships and Grants)**
- ☐ **AWASH (Cruelty Free Design, including Bird-friendly Remediation)**
- ☐ **ZALA (Animal Welfare Monitoring)**
- ☐ **PhotoDiversity Media (Engaging and Educational Media)**

Would you like to recommend specific **grant distributions**?

- ☐ Yes (Specify Below) ☐ No (ZLI will distribute based on priority needs)

Initial Grant Recommendations:

Section 4: Investment & Fund Management

ZLI requires that at least **25% of DAF contributions remain in cash reserves** to ensure fund sustainability.

- ☐ I understand and agree to the 25% cash reserve policy.

Would you like your remaining fund balance to be:

- ☐ Invested to grow the fund (subject to ZLI policies)
- ☐ Held in cash for immediate granting

Section 5: Successor Advisor (Optional)

You may designate a **successor advisor** to manage the fund if you are no longer able to.

Successor Advisor Name: _____

Relationship to Donor: _____

Phone Number: _____

Email Address: _____

- ☐ If no successor is named, I authorize ZLI to allocate remaining funds to its priority initiatives.



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Section 6: Acknowledgment & Agreement

By signing this application, I acknowledge that:

- My contribution **irrevocably** becomes property of **Zoological Lighting Institute (ZLI)**.
- I understand that all grant recommendations are **subject to ZLI's approval** and must comply with IRS regulations.
- I agree to ZLI's **DAF policies**, including the **25% cash reserve requirement** and **minimum fund balance guidelines**.
- I confirm that all information provided is accurate.

Primary Donor Signature: _____

Date: _____

Co-Donor (if applicable) Signature: _____

Date: _____

For Internal Use Only (ZLI Staff Section)

- ☐ Application Received: **Date:** _____
- ☐ Initial Contribution Received: **Amount:** \$ _____ **Date:** _____
- ☐ Fund Approved by ZLI Board: ☐ **Yes** ☐ **No** **Date:** _____
- ☐ Fund Established in ZLI DAF Program: ☐ **Yes** ☐ **No** **Date:** _____
- ☐ Donor Acknowledgment Letter Sent: ☐ **Yes** ☐ **No** **Date:** _____