



Program of the  
Jewish Community Foundation  
of Broward County



### **API MISSION STATEMENT\***

**The Advisors Philanthropy Initiative (API) exists to promote philanthropic discussions and giving from clients of professional advisors to the Jewish Community Foundation of the Jewish Federation of Broward County and its beneficiary agencies.**

API serves as a Foundation outreach arm to professional communities with these distinct purposes:

- 1) **Create** partners in professional communities who have the ability to motivate potential donors to include the Federation and its beneficiary agencies and synagogues as a part of their estate plans.
- 2) **Educate** professionals on the work of the Federation, both local and international, and its partner agencies and synagogues.
- 3) **Provide** professionals different opportunities to connect with colleagues and provide continuing education resources for their professional and personal benefit through seminars and gatherings held throughout the year.

***\*MITZVAH SOCIETY: Advisors who refer clients to the Jewish Community Foundation will become members of our API Mitzvah Society and will be honored at our annual Cocktail & Awards Reception.***

### **GUIDELINES FOR API MEMBERSHIP**

#### **MEMBERSHIP QUALIFICATIONS:**

1. Professional advisor in good standing such as an attorney, accountant, marital & family law attorney, financial advisor, private banker, insurance professional, or trust officer.
2. Should be committed to the promotion and development of awareness of the causes and agencies that are supported by the Jewish Community Foundation of Broward County.

#### **MEMBERSHIP RESPONSIBILITIES:**

1. Educate, encourage and solicit clients/potential donors to commit financial resources to the Foundation, Federation and its partner agencies and synagogues.
2. Attend at least two **API** sponsored events during the year.
3. Upon request, assist Foundation Professionals and other members of the **Advisors Philanthropy Initiative** with professional expertise through research, advice and consultation.
4. Assist in contacting other professionals to inform them of the Foundation's programs and activities.
5. Help recruit new members.

#### **MEMBERSHIP CONDUCT:**

1. Refrain from using committee membership in public advertising.
2. Avoid soliciting your professional services to donors who have been referred to you for consultation.
3. **API** members shall conduct themselves in a professional, ethical, honest manner at all times.
4. **API** members are expected to maintain a high standard of confidentiality.



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### ADVISORS PHILANTHROPY INITIATIVE (API) MEMBERSHIP APPLICATION

\*Name: \_\_\_\_\_ (include: credential, license or title)

\*Profession:  Insurance  Banker  Accountant  Stock Brokers  Wealth Management  
 Attorney: Type of Attorney \_\_\_\_\_  Trust Officers/Banks  Other: \_\_\_\_\_

\*Business Name and Address: \_\_\_\_\_

\*Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_ \*Number of years in the field: \_\_\_\_\_

\* Website: \_\_\_\_\_

\*Birth date mm/dd/yyyy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Referred by: \_\_\_\_\_

#### \*REQUIRED INFORMATION

Thank you for your interest in joining the **Advisors Philanthropy Initiative** (API) of the Jewish Community Foundation of the Jewish Federation of Broward County. Attached please find the **Mission Statement and Guidelines for API membership**. Upon acceptance of these terms, **please sign below** on this form and **return it** to Rose Schneider (see below). **Your application will be reviewed in a timely manner, and upon acceptance, your membership will be confirmed.**

THE JEWISH COMMUNITY FOUNDATION OF BROWARD COUNTY  
5890 SOUTH PINE ISLAND ROAD  
DAVIE, FL, 33328

ATTENTION: JONATHAN ZUCKER, SENIOR DONOR RELATIONSHIP MANAGER,  
PHONE: (954) 660-2082  
EMAIL: JZUCKER@JEWISHBROWARD.ORG

*I certify that I accept the requirements to be considered for membership of the Advisors Philanthropy Initiative and will adhere to the qualifications and responsibilities as a member.*

\_\_\_\_\_  
Name (Please print clearly)

\_\_\_\_\_  
Signature / Date