

FUND NAME: _____

Signers and Contacts effective as of (Please Date): _____

The Signer is the official representative of your organization, authorized by your organization's governing body to conduct business with the Community Foundation.

Authorized Signer Name Typed or Printed

Signature

Title

Authorized Signer Name Typed or Printed

Signature

Title

The Contact Person may be the same as above and will be the Community Foundation's main point of contact.

Authorized Primary Contact Person

Authorized Alternate Contact Person

Title

Title

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Email

Email

List and provide specimen signatures of individuals authorized to transact business on behalf of the organization, including distribution requests. **Include a copy of a Corporate Resolution or minutes from a Board of Directors meeting authorizing the specific individuals or officers.**