

AGENCY PARTNERS



Establishing a New Fund

Fund name: _____ **Fund** **Date:** _____
We suggest a simple and easy-to-remember fund name

Purpose of this fund: Project Support Capital Campaign Reserve Investment
 Other: _____

Estimated initial gift establishing the fund: _____
A capacity fund requires \$2,500 to open, \$1,000 minimum to maintain; an endowment fund requires \$10,000 to open, principal is restricted

Fund Establisher Information

Organization Name: _____

EIN Number: _____

Executive Director or Board Chair: _____
PREFIX

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____ **Email Address:** _____

Mission Statement:

Please select the category that best describes the focus of the organization:

- Arts Community Development Education Environment Animals
 Faith Health History Library Social Services Youth

FUND DOCUMENT SIGNER(S):

Please list full name and title of each signer

Name: _____
PREFIX

Title: _____

Name: _____
PREFIX

Title: _____

MAIL FUND DOCUMENTS TO:

Required only if recipient is different than above

Name: _____
PREFIX

Title: _____

Address: _____

City: _____

State: _____ **ZIP Code:** _____

HOW WERE YOU REFERRED TO THE CFO?

*Please return the completed form to your contact at the Community Foundation of the Ozarks
P.O. Box 8960, Springfield, MO, 65801 · Phone: (417) 864-6199 · Fax: (417) 864-8344*



Establishing a New Fund

OFFICE USE ONLY

Staff member: _____

Springfield Regional Affiliate foundation: _____

Type of gift: Check Credit card Wire transfer Stock/security transfer Other

Type of Fund

Organizational Endowment \$10,000 minimum to establish

Organizational Capacity \$2,500 minimum to establish

Additional Notes