



Establishing a New Fund

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

Grants from this fund will support: _____
Only nonprofit entities such as 501(c)3 organizations, schools, houses of worship or municipalities may receive grants from the fund

Estimated initial gift establishing the fund: _____

Fund Establisher Information

Name of Fund Establisher(s): _____
PREFIX _____
PREFIX _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

ADDITIONAL CONTACTS FOR THE FUND (IF APPLICABLE):

Name: _____
PREFIX

Name: _____
PREFIX

Address: _____

Address: _____

City: _____

City: _____

State: _____ ZIP Code: _____

State: _____ ZIP Code: _____

Please check all that apply:

- Document signer
- Authorized contact
- Recipient of fund documents

Please check all that apply:

- Document signer
- Authorized contact
- Recipient of fund documents

WHO REFERRED YOU TO THE CFO?

Name: _____
PREFIX

Additional Notes

*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*