



# Establishing a New Fund

Fund name: \_\_\_\_\_ Fund Date: \_\_\_\_\_

*We suggest a simple and easy-to-remember fund name—does not need to include donor names if anonymity is preferred*

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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
PREFIX

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
PREFIX

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Please keep donor information anonymous on grants from this fund

### ADDITIONAL CONTACTS FOR THE FUND (IF APPLICABLE):

Name: \_\_\_\_\_  
PREFIX

Name: \_\_\_\_\_  
PREFIX

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Please check all that apply:

- Document signer
- Authorized contact
- Recipient of fund documents
- Successor advisor

### Please check all that apply:

- Document signer
- Authorized contact
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- Successor advisor

### 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*