

FOUNDATION FOR
COMMUNITY PARTNERSHIPS INC.
CHANGE FUND DESIGNEES

The name of the fund: _____

I, (Name)_____ hereby authorize the following individual(s) to serve as donor advisor(s) and to have authority to act between the two organizations for all transactions and communications.

Name *Signature*

Name *Signature*

All correspondence will be directed to the address listed below unless otherwise noted.

Address: _____
City *State* *Zip Code*

Phone: _____

Please remove the following individual(s) from the current list who are allowed to serve as donor advisor(s).

Name

Name

Signature:

Signature *Date*

Please send completed form via U.S. Mail or fax to:

Foundation for Community Partnerships, Inc.
102 Chester Village
Chester, MD 21619
Phone: (443) 249-0606
Fax: (443) 249-0601