

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.  
320 Pennsylvania Ave.  
Centreville, MD 21617  
Phone: (410) 758-6677  
Fax: (410) 758-6904