

FOUNDATION FOR  
COMMUNITY PARTNERSHIPS INC.  
**REQUEST TO ESTABLISH A FUND**

I/we \_\_\_\_\_ of

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *E-mail*

Request that the Board of the Foundation for Community Partnerships, Inc. establish a:

- |   |                        |                            |
|---|------------------------|----------------------------|
| _____ Donor Advised Fund  | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Designated Fund   | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Nonprofit Endowment Fund  | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Nonprofit or Agency Fund  | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Field of Interest Fund  | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Scholarship Fund  | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Unrestricted Funds  | <i>Endowment</i> _____ | <i>Non Endowment</i> _____ |
| _____ Donor Advised Fund as Part of the Foundation Family Emergency Fund – (Sub Fund) |                        |                            |
| _____ Other:  |                        |                            |

The name of the fund shall be:

The purpose of the fund is:

I 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 above unless otherwise noted here:

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

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

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