

ORGANIZATIONAL FUND ADVISOR CHANGE FORM

Fund Advisor Information

Fund Name: _____

New Fund Advisor Name: _____

Advisor's Role (i.e. Endowment Chair, Treasurer): _____

New Fund Advisor Address: _____

New Fund Advisor Email: _____

New Fund Advisor Phone: _____ day _____ evening

Outgoing Fund Advisor (or other responsible party)

The outgoing Fund Advisor must sign this form. If that person is not available, the pastor, executive director or an individual in a position of leadership within the organization signs this form. The signer must be someone other than the incoming fund advisor.

Signed: _____ Date: _____

Printed Name: _____

Title or Position: _____

Please use this form to notify InFaith Community Foundation of a change in the Fund Advisor. The Fund Advisor (typically, the church treasurer or the endowment committee chair) is the primary contact person for the Fund and the person from whom the foundation accepts requests and recommendations regarding the Fund.

Return Completed Form:

Mail: InFaith Community Foundation
625 Fourth Avenue South, Suite 1500
Minneapolis, Minnesota 55415
Fax: 612.844.4109

