



## MCCF Proposed Unrestricted Fund Worksheet

### Donor Contact Information

Name of Donor \_\_\_\_\_

Phone Number of Donor \_\_\_\_\_

Address of Donor \_\_\_\_\_

E-mail Address of Donor : \_\_\_\_\_

Date \_\_\_\_\_

### Fund Name

Proposed Name of New Fund:

\_\_\_\_\_  
\_\_\_\_\_

Montgomery County Community Foundation lists names of funds in its Annual Report and other materials unless otherwise indicated. Do you want your fund listed in MCCF materials? (Please check one.)

Yes, I authorize the Foundation to use the Fund name in Foundation materials.

No, I prefer to be anonymous. Do not list my fund in MCCF materials.

### Initial Donation

Initial donation \$ \_\_\_\_\_ Effective date \_\_\_\_\_

### Authorization to Initiate Unrestricted Fund Agreement

Please sign and date:

Name: \_\_\_\_\_ Date: \_\_\_\_\_