



NEW FUND WORKSHEET

Fund Name: _____

Type of Fund: _____ Agency _____ Designated _____ Donor Advised _____ Endowment

_____ Project _____ Scholarship _____ Legacy (Planned Gift see pg2)* _____ Other

_____ Endowed: Annual Spending Rate (currently 5%) will be available for grants

_____ Non-endowed: 100% available for grants

Fund Initiated by:

Authorized Individual #1

Last Name: _____ First Name: _____

Company/Nonprofit Org (if applicable): _____

EIN No. (if applicable): _____ Office Held: _____

Address: _____ City, State, Zip: _____

Phone: _____
Cell Home Business

Email: _____
#1 #2

Date of Birth: _____ Send Reports to Above Address: Y or N

Authorized Individual #2

Last Name: _____ First Name: _____

Company/Nonprofit Org (if applicable): _____

EIN No. (if applicable): _____ Office Held: _____

Address: _____ City, State, Zip: _____

Phone _____
Cell Home Business

Email _____
#1 #2

Date of Birth: _____

NOTE: Fund agreement will be compiled for your signature. The agreement will include grant making guidelines, fee schedule, and investment policies as part of the agreement. WFACF has a comprehensive Policy and Procedure Manual, including Marriage Dissolution. It is available for review at your request.



Initial Gift to the Fund will be _____
Check, stock, property, other

Charitable Intent of the Fund will be _____

*If this is a scholarship, we have a scholarship worksheet for your convenience in determining the criteria for your named scholarship.

Successor Advisors:

Husband and wife usually succeed one another as advisors. After they have both passed, a second generation can be named as successor advisors.

For organizations and nonprofits, successor advisor(s) will be the person(s) who hold the office(s) designated in the original fund agreement.

Please list successor advisor(s) below:

Name: _____ Address: _____

Relationship: _____ Phone: _____
Cell Home/Business

Email: _____
#1 #2

Name: _____ Address: _____

Relationship: _____ Phone: _____
Cell Home / Business

Email: _____
#1 #2

Planned Gift Information:

Attorney Name: _____

Executor/trix Name: _____ Address: _____

Phone: _____ Email: _____
Cell Home/Business

Location of Will: _____

Return the worksheet to: Wichita Falls Area Community Foundation
2405 Kell Blvd, Ste. 100
Wichita Falls, TX 76308 Fax: 940-766-2861 wfacf@wfacf.org

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