



New Fund Worksheet

Fund Name: _____

Type of Fund: _____ Agency _____ Designated _____ Donor Advised

_____ Project _____ Legacy (Planned Gift, See p.2) _____ Other

Choose One below:

_____ Endowed: Annual Spending Rate (currently 4.5%) available for grants

_____ Non-endowed: 100% available for grants

How did you hear about the Wichita Falls Area Community Foundation?

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: _____

Email: _____

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: _____

Email: _____

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

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: _____

Fund will be: _____ Not Invested
_____ Invested (must be \$25,000 or over)

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: _____

Email: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Email: _____

Planned Gift Information:

Attorney Name: _____

Executor/trix Name: _____

Address: _____ Phone: _____

Email: _____

Location of Will: _____

Return the worksheet to: Wichita Falls Area Community Foundation
2405 Kell Boulevard, Suite 100
Wichita Falls, TX 76308

Scan and email to: wfacf@wfacf.org

Fax: 940-766-2861