



Establishing a Fund

Fund Name: _____

Fund Contact Name/Ext.: _____

School/Department: _____

Brief Description of Intent of Fund: _____

Signature of Responsible Party

Date

Signature of 2nd Responsible Party

Date

Please note – acceptable types of donations are check (personal or bank), money orders, and credit card payments. Please make checks or money orders payable to: **WCSU Foundation** and indicate the fund name as a reference.

Return this form to Maria Veilleux – WCSU Foundation – UH106

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Office Use:

Project Code: _____

Date Established: _____