



Establishing a Fund

Fund Name: _____

Fund Contact Name/Ext: _____

School/Department: _____

Description of Intent of Fund:

Signature of Responsible Party:

Signature

Print Name

Date

Signature of 2nd Responsible Party

Signature

Print Name

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, Inc.** and indicate the fund name as a reference.

Return this form to: Maria Veilleux – WCSU Foundation – 181 White Street, Danbury, CT 06810

Office use only:

Project code: _____

Date Established: _____

Approved by: _____