

Fund Advisor Designation Form

Please complete this form and return it to the Whitefish Community Foundation.

ORGANIZATION INFORMATION

Name of Fund: _____

Name of Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Officer Signature: _____ Date: _____

ADVISOR 1 ADD: or REPLACE:

Name of Advisor: _____

Relationship to Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

ADVISOR 2 (optional) ADD: or REPLACE:

Name of Advisor: _____

Relationship to Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____