



Donor Information & Authorization

Establishing a Fiscal Sponsorship Fund

(Please print and write in information OR download and fill in fields)

SECTION 1 – Donor Contact Information

Donor(s):

(Optional) Second Donor:

(Names)

(Name)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Home Phone)

(Business Phone)

(Home Phone)

(Business Phone)

(Email Address)

(Email Address)

(Business Name)

Advisor or Attorney: _____
(Phone Number)

(Business Address)

(Name)

To what address would you like quarterly fund reports sent? Home Business E-mail _____ (circle one)

If you would like an additional copy of the quarterly fund reports sent to another person, please indicate below:

(Name & Address)

SECTION 2: Name Your Fund – You have the privilege of naming your fund:

SECTION 3: Purpose – Describe how the fund will be used (Is it for a time-limited project or for ongoing programs? What population will be served and in what way?)

SECTION 4: Fund Liaisons – Provide the names, emails and phone numbers of the two individuals who are authorized to request distributions from the fund. (NOTE: Both individuals must approve all expenditures.)

(Name)

(Name)

(Email Address)

(Email Address)

(Phone Number)

(Phone Number)

SECTION 5: Funding

What organization or individual is providing the initial gift to establish the fund? In what amount?

(Name of who's establishing fund)

(Amount)

SECTION 6: Signature

Donor Signature

Date

Donor Signature

Date

Please return to: Illinois Prairie Community Foundation
915 E. Washington St., Suite 2
Bloomington IL 61701
Phone (309) 662-4477