

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

# Community Colleges of Spokane Foundation

## FUND INFORMATION SHEET



*Fund Name* \_\_\_\_\_

*Fund Number* \_\_\_\_\_

### PERSON(S) RESPONSIBLE FOR FUND

Administrator (print name) \_\_\_\_\_ MS \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fund Manager (print name) \_\_\_\_\_ MS \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### INTENDED USE OF FUND

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PRIMARY DONOR TO FUND

Name \_\_\_\_\_

Contact person if an organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### IF A MEMORIAL FUND, PERSON TO BE NOTIFIED OF DONATIONS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Relationship \_\_\_\_\_

### IF SCHOLARSHIP FUND, CRITERIA FOR RECIPIENT SELECTION AND WHO MAKES SELECTION

Recipient Criteria \_\_\_\_\_

\_\_\_\_\_

Selected By \_\_\_\_\_

Comments \_\_\_\_\_

Date Fund Started \_\_\_\_\_ Foundation Signature \_\_\_\_\_

Please return to: CCS Foundation, 501 N Riverpoint Blvd – MS 1005,  
PO Box 6000, Spokane, WA 99217-6000, Phone (509) 434-5123