

Enter the name of the fund and then only the information that you wish to change. Please mail, email or fax completed form to The Delta Foundation.



FUND CHANGE REQUEST FORM

Enter the name of the fund and then only the information that you wish to change. Please mail, email or fax completed form to The Delta Foundation. *This form should be submitted each time there is a change in chapter leadership (ex. elections, resignations, etc.). This will ensure that your chapter receives its fund reports.*

I. Fund Name (required for all changes)

Fund Name

II. Change Name of Fund

New Fund Name

III. Confirm Donor's Charitable or Educational Restrictions

IV. Change Fund Authorized Representative Information

There may be up to two named Authorized Representatives for each Fund, each with full and equal rights to recommend grants, recommend and name successors. If there is more than one mailing address, all Fund correspondence will be sent to Authorized Representative One.

Authorized Representative One
Name

Street Address

City State Zip Country

Day Telephone Evening Telephone

Fax Email

Authorized Representative Two
Name

Street Address

City State Zip Country

Day Telephone Evening Telephone

Fax Email

V. Terms of these Changes to the Donor Advised Fund Agreement

I (We) understand that these changes will be subject to all the terms that apply to the Fund, in accordance with the acknowledgement letter for this fund and policies or procedures of The Delta Foundation. Any new Authorized Representative agrees to comply with the terms and conditions of the Fund. If there is more than one Authorized representative to the Fund, each Authorized Representative has the authority, acting individually and without notice to any other Fund Authorized Representative, to interact with Foundation as fully and completely as if the Authorized Representative is the sole Fund Authorized representative and may make any changes to the Fund permitted by the policies of Foundation as may be in effect at the time, with the exception of removing other.

Signature of Authorized Representative One

Date

Signature of Authorized Representative Two

Date