

DONOR SERVICES: Establishing a Memorial Fund

Please complete and either mail to the Mansfield Foundation or save and email to mufdn@mansfieldfoundation.org

Fund name: _____ **Fund** **Date:** _____

We suggest a simple and easy-to-remember fund name

This fund will support: _____

Only nonprofit entities such as 501(c)3 organizations, schools, or college students may benefit from the fund

Estimated initial gift establishing the fund: _____

Fund Establisher Information

Name of Fund Establisher(s): _____

PREFIX

PREFIX

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____ **Email Address:** _____

ADDITIONAL CONTACTS FOR THE FUND (IF APPLICABLE):

Name: _____

PREFIX

Name: _____

PREFIX

Address: _____

Address: _____

City: _____

City: _____

State: _____ **ZIP Code:** _____

State: _____ **ZIP Code:** _____

Please check all that apply:

Document signer

Authorized contact

Recipient of fund documents

Please check all that apply:

Document signer

Authorized contact

Recipient of fund documents

Additional Notes

