



**CHESAPEAKE
CHARITIES**
WE MAKE CHARITY HAPPEN

CHANGE FUND DESIGNEES

FUND NAME: _____

I, (Name) _____ hereby authorize the following individual(s) to serve as donor advisor(s) and to have authority to act between the two organizations for all transactions and communications.

Name

Signature

Name

Signature

All correspondence will be directed to the address listed below unless otherwise noted.

Address: _____
Street/PO Box

City State Zip Code

Phone: _____ Email address: _____

Please remove the following individual(s) from the current list who are allowed to serve as donor advisor(s).

Name

Name

Authorized signature:

Signature

Date

Please send completed form via U.S. Mail or fax to:

Chesapeake Charities
101 Log Canoe Circle-Suite O
Stevensville, MD 21666

Phone: (410) 643-4020

Fax: (410) 643-4021