



REQUEST TO ESTABLISH A FUND

I/we _____ of _____

Mailing address

City

State

Zip Code

Request that the Board of Chesapeake Charities, Inc. establish a:

- _____ Donor Advised Fund *Endowment* _____ *Non Endowment* _____
- _____ Designated Fund *Endowment* _____ *Non Endowment* _____
- _____ Field of Interest Fund *Endowment* _____ *Non Endowment* _____
- _____ Nonprofit or Agency Fund *Endowment* _____ *Non Endowment* _____
- _____ Scholarship Fund *Endowment* _____ *Non Endowment* _____
- _____ Unrestricted Funds *Endowment* _____ *Non Endowment* _____

The name of the fund shall be:

The purpose of the fund is:

I 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

Address: _____

City

State

Zip Code

E-mail

Phone

Return this form to Chesapeake Charities, 101 Log Canoe Circle, Suite O, Stevensville, MD 21666, FAX (410) 643-4021 EMAIL info@chesapeakecharities.org or For more information, call (410) 643-4020.