

Fund Association Changes or Additions

FUND NAME _____

FUND ADVISOR Add Remove Replace Whom: _____ with the name below.
(Primary contact, access to DonorCentral, receives financial statements, signer on disbursements and cc'd on donations)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell: _____

Please note: All fund advisors receive access to DonorCentral. To request additional users, email Jennifer Lilienthal at jlilienthal@berkshiretaconic.org.

NOTIFICATION OF DONATION Add Remove Replace Whom: _____ with the name below.
(Person to whom notification of incoming donations is sent)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell: _____

ADDITIONAL SIGNER Add Remove Replace Whom: _____ with the name below.
(Person authorized to sign off on disbursements out of the fund)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell: _____

STATEMENT ONLY Add Remove Replace Whom: _____ with the name below.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell: _____

CURRENT FUND ADVISOR *(Please note: This form must be signed below* by the current fund advisor in order to be processed.)*

Name: _____ Title: _____

*Signature Required: _____ Date: _____