

Fund Name:					_	
College/Unit:	Department:					
Donor						
Full Name:					_	
Fund Purpose:						
Fund Description:						
Copies of Fund Reports to Do ADDITIONAL Recipient(s) of Report		YES		DNO		
Banner UID: U			Banner UID:	U		
Name:			Name:			
Email:			Email:		<u>.</u>	
Authorized Signatures for Ex Title(s):	•					
Departmental Contacts: Email:	_@memphis.edu	Name:		Title: Director of Develo	nment	
Email:	_			Title:		
Email:						
Email:						
Fund Type:	Enc	dowment	Currer	nt Expendable		
Fund Agreement Received	YES	5	ОNО			
Has Money Been Received?	YES	, Amount_		ONO		
Waiver Information (if applic	able):					
				num for current expendable funds a promise to pay) for endowment fur		
Other Foundation police	cy criteria not me	et (please sp	ecify):			