

Request for New Fund Information Form

Fund Name: _____

College: _____

Department: _____

Fund Purpose:

(select only one - Best match)

- | | |
|---|---|
| <input type="checkbox"/> Alumni Relations | <input type="checkbox"/> Gift Annuities |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Capital Improvements |
| <input type="checkbox"/> Centers, Institutes & Labs | <input type="checkbox"/> Departmental/Academic Enrichment |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Professorships, Chairs & Faculty Fellowships |
| <input type="checkbox"/> Student Scholarships, Fellowships & Assistantships | <input type="checkbox"/> Special Projects |

(Request for new scholarship accounts should be routed to the Scholarship Coordinator for approval.)

Solicitor UID/Name: _____

Donor UID/ Full Legal Name: _____

Donor Contact Information:

(Address/Tel/Email)

Copies of Fund Reports To:

(Do not enter UofM staff;

for Development use)

Authorized Signatures for Expenditures:

(Include Position Title)

Fund Type:

- Foundation Endowment
 Foundation Current Expendable

Fund Agreement Attached:

- Yes No

Has Money Been Received:

- Yes, amount \$ _____
 No

Applicable Dean, VP, or Director **Date**

Development Officer **Date**

Scholarship Coordinator (if Scholarship fund) **Date**

Chief Advancement Officer **Date**

For Foundation Use Only

New Foundation Fund # _____ **ADS Designation No.** _____

Date Established: _____

Foundation Approval: _____