

# UPSTATE FOUNDATION

## NEW FUND FORM

TO: **The Upstate Foundation, Inc.**

FROM:

DATE:

RE: Open a New Fund

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Donation Amount:

Fund Name:

This account will be *(please check one)*: \_\_\_\_\_ Restricted \_\_\_\_\_ Endowment

Will this endowment/fund:

|   |                               |                             |
|---|-------------------------------|-----------------------------|
| Involve research?   | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Require payroll/salary payments from The Upstate Foundation, Inc.?        | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Receive donations from companies that require annual reporting?           | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Involve any fundraising events (sporting event, car wash, auctions, etc)? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

*\* If yes to any, contact Pam Ward at 4-4416 to discuss*

Purpose of the Fund:

Fund Advisor Name(s):

Fund Advisor Internal Mailing Address:

Fund Advisor Title:

Fund Advisor Signature(s): \_\_\_\_\_

Development Officer (if applicable):

***Please note: Fund will open when this form and money have been received.  
The above-mentioned fund will be governed by the fiscal policies and procedures of  
The Upstate Foundation, Inc.***