



## Fund Advisory Committee

Fund name: \_\_\_\_\_

Date: \_\_\_\_\_

The Foundation sends fund reports and other important documents to one primary contact on each Fund Advisory Committee. Please indicate your Committee's primary contact.

Primary Contact - correspondence will be sent to:			
*1. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal
2. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal
3. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal

4. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal

5. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal

6. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal

7. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal

8. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	

Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal
8. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal
10. Name:		Committee Office:	<input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member
Mailing Address:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	City, State, Zip:	
Business Phone:		Home Phone:	
Mobile Phone:		Fax:	
Primary Email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal	Alternate email:	<input type="checkbox"/> Work <input type="checkbox"/> Personal