



CHANGE FUND DESIGNEES FORM to Add and/or Remove Fund Advisors

FUND NAME: _____

I, (Name)_____ hereby authorize the following individual(s) to serve as donor advisor(s) and to have authority to act between the two organizations for all transactions and communications.

| | |
|-------|-----------|
| _____ | _____ |
| Name | Signature |
| _____ | _____ |
| Name | Signature |

All correspondence will be directed to the individual listed below unless otherwise noted.

Name: _____

Address: _____
Street/PO Box/City/State Zip

| | |
|-------|-------|
| _____ | _____ |
| Email | Phone |

Please remove the following individual(s) from the current list who are allowed to serve as donor advisor(s).

| |
|-------|
| _____ |
| Name |
| _____ |
| Name |

Authorized signature:

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

Please send completed form via U.S. Mail or fax to:

Chesapeake Charities
101 Log Canoe Circle-Suite O Stevensville, MD 21666
Phone: (410) 643-4020 Fax: (410) 643-4021 *(updated 4/19)*