

Fund Change Request Form

AUF GHSF

Request to CHANGE Fund	Current Name:		
Fund Number:	New Name:		
Current Purpose:			
Reason:			
Request to CLOSE Fund			
Fund Number:	Fund Name:		
			-
Primary Authorized Signatory:	Signature:	Date:	
Phone:	Campus Address:		
Approved by: Michael Dotson, Senior Director o	f Info & Data Systems	ate:	
Approved by: Date: Stephen Lamb, Chief Financial Officer, Foundations			
For internal use only:			- -
Date Added in Raisers Edge System:	Foundation Gift Processor:		
Date Recorded in Financial Edge System:	Foundation Accountant:		