



FUND NUMBER

FUND NAME

**DONOR ADVISOR**

NAME

SPOUSE

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

EMAIL ADDRESS

**ADDITIONAL ADVISOR**

NAME

☐

\* Yes, allow Additional Advisor to suggest grants.

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

EMAIL ADDRESS

\* I understand that I am giving permission for all above named individuals to be advisors, and suggest grants, on the fund(s) indicated above via the Catholic Community Foundation's online system Donor Central. The rights of the user(s) to view the funds will be in effect until it is revoked by me.

**AUTHORIZED SIGNATURE**

DATE

PLEASE RETURN THIS FORM TO CHRIS HAGEN.

EMAIL

[hagenc@ccf-mn.org](mailto:hagenc@ccf-mn.org)

FAX

651.389.0650

MAIL

Catholic Community Foundation  
Attn: Chris Hagen  
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Saint Paul, MN 55114