



FUND NUMBER

FUND NAME

FUND ADVISOR INFORMATION

NAME

TITLE

ORGANIZATION/PARISH

ADDRESS

CITY

STATE

ZIP CODE

WORK PHONE

ORG. WEBSITE

EMAIL ADDRESS

AUTHORIZED SIGNATURE (MUST BE AN AGENT OF THE FUND, E.G., THE PASTOR)

DATE

PRINTED AUTHORIZED SIGNER'S NAME

PLEASE RETURN THIS FORM TO CHRIS HAGEN.

EMAIL

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

FAX

651.389.0650

MAIL

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