

## Have questions? Need assistance?

## The Community Foundation

200 E. Buffalo St. Suite 202 Ithaca, NY 14850

(607) 272-9333 info@cftompkins.org

## Request for Change of Fund Advisors

Information About Fund

Name of Donor Advised Fund:

		Information Ab	out New Advis	ors		
New Primary Advisor				New Secondary Advisor		
Name:			Name:	Name:		
Address:			Address:	Address:		
City:	State:	ZIP Code:	City:	State:	ZIP Code:	
Home Phone Number:			Home Phor	Home Phone Number:		
Work Phone Number:			Work Phon	Work Phone Number:		
Email Address:			Email Addr	Email Address:		
Signature of New Primary Advisor:			Signature o	Signature of New Secondary Advisor:		
			0.9			
		Acknowledgeme	nt and Certifica	ation		
			imary Advisor			
Printed Name	e of Current Prima	ary Advisor:	-			
Signature of	Current Primary A	Advisor:		Date:		
			ondary Advisor			
Printed Name	e of Current Seco	ndary Advisor:				
Signature of	Current Secondar	y Advisor:		Date:		