



**Required Information for all Funds Established
Through the Kansas Rural Communities Foundation**

Fund Name _____

Organization/Business Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____ E-mail Address _____

Who should receive the quarterly fund balance report (you can specify up to 3 people)?

(Note: Fund balance reports will be sent via e-mail unless you do not have an e-mail address)

Name _____ Title _____

Phone Number _____ E-mail Address _____

Name _____ Title _____

Phone Number _____ E-mail Address _____

Name _____ Title _____

Phone Number _____ E-mail Address _____

Please check all that apply:

Would you like the Fund listed in the KRCF Annual Report? Yes No

Would you like the KRCF to do publicity on the establishment of the Fund? Yes No

If yes, please designate the newspapers that should receive the announcement: _____

Do you want your fund listed on the KRCF website? Yes No