



The Graduate Center, CUNY
The Graduate Center Foundation, Inc.

FORM TO ESTABLISH A NEW FUND WITHIN THE GRADUATE CENTER FOUNDATION

NAME OF FUND _____

PURPOSE OF FUND

--

SOURCE OF FUNDS _____

DEPARTMENT _____

FUND MANAGER		FUND CO-MANAGER	
PRINT NAME		PRINT NAME	
SIGNATURE		SIGNATURE	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
PHONE NUMBER		PHONE NUMBER	
EMAIL ADDRESS		EMAIL ADDRESS	

Please attach letter from donor(s) and any other pertinent documents.

Note: This form is not to be used to open an account with the Research Foundation. To open an account with the Research Foundation, contact the Office of Research and Sponsored Programs (ext. 7520).

If you have any questions regarding this form, call Ms. Althea Harewood (ext. 7662)

For Business Office Use Only	
Fund Number	_____
<input type="checkbox"/>	Unrestricted
<input type="checkbox"/>	Temporarily Restricted
<input type="checkbox"/>	Permanently Restricted Endowment