



LONGWOOD UNIVERSITY FOUNDATION, INC.
201 HIGH STREET,
MAUGANS ALUMNI CENTER, RM G10
FARMVILLE, VA 23909

PHONE: (434) 395-2818

FAX: (434) 395-2825

ACCOUNT INFORMATION FORM

| | | | | |
|---|--|----------------------------|---|--|
| DATE | | PROPOSED FUND NAME: | | |
| CONTACT PERSON TITLE/POSITION (UNIVERSITY) | | | CONTACT NAME & ADDRESS (NON-UNIVERSITY/ ENDOWED FUNDS) | |
| | | | | |
| | | | | |
| EXT: | | FAX: | | |
| | | | | |
| COLLEGE: | | | CAE: | |
| DEPARTMENT: | | | DIVISION: | |
| | | | Awarding: | |
| DESCRIPTION/PURPOSE OF THE ACCOUNT/RESTRICTION | | | | |
| | | | | |
| | | | | |

Place an (X) by the appropriate choice.

- | | |
|---|--|
| <p>Primary Donors</p> <p><input type="checkbox"/> Corporations</p> <p><input type="checkbox"/> Foundations</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Individuals</p> <p><input type="checkbox"/> Alumni</p> | <p>Fund Type</p> <p><input type="checkbox"/> Endowment</p> <p><input type="checkbox"/> Operating</p> <p><input type="checkbox"/> Budget</p> <p><input type="checkbox"/> Other</p> |
|---|--|

AUTHORIZED SIGNATURES

Signatures of those authorized to make withdrawals, receive reports and to act in connection herewith are indicated below:

| | | |
|-------------------------|------|------------|
| Receives Report | Date | |
| Signature-Dept/Division | Date | Print Name |
| Signature-Dean | Date | Print Name |
| Signature-VP | Date | Print Name |

Copies To: Lori Linda Paula P. Hazel

Submission/approval signature should be that of the person so designated in accordance with division policy.
Authorized signature list, additions and/or deletions may be accomplished by execution of this form.

| FOUNDATION USE ONLY | | | |
|-------------------------|--|-------------------|--------------------|
| FUND CODE | | FUND TITLE | |
| TYPE | | | |
| COLLEGE/DIVISION | | | |
| DEPARTMENT | | | INPUT DATE: |