



LONGWOOD UNIVERSITY FOUNDATION, INC.
201 HIGH STREET, LANCASTER RM 130
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.

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

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: _____