



**LONGWOOD UNIVERSITY FOUNDATION, INC.
201 HIGH STREET, LANCASTER 130
FARMVILLE, VA 23909**

Phone: (434) 395-2818

Fax: (434) 395-2825

ACCOUNT INFORMATION FORM

Date:		Proposed Fund Name:	
Contact Person Title/Position (University)		Donor Contact Name & Address (Non-University / Endowed Funds)	
Ext:		Fax:	
College:		CAE:	
Department:		Division:	
Description/Purpose of the Account/Restriction			

Place an (X) by the appropriate choice

Primary Donors

- Corporations
- Foundations
- Association
- Individuals
- Alumni

Fund Type

- Endowment
- Operating
- Budget
- Other

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

Cc: Linda Locke Lori Mitchell Hazel Duncan Paula Prouty

Submission/approval signatures 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			
Class Code		Fund Code	
Program Code		Fund Title	
College Code		Input Date	
Restriction Code		Notes	