



LAKESHORE COMMUNITY
Foundation

gather . grow . give

Agency Authorization Form

Agency Authorized Signers

Below are the current authorized signers for the _____ :

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Please select one:

- There are no changes to the authorized signers.
- Make the following changes to the authorized signers:

Remove	Add: Name	Title

Agency Fund Statements & Related Information

Below are the current individuals authorized to receive electronic copies of the Agency's fund statements and related information. Please select one:

- No changes.
- Make the following changes to the individuals authorized to receive electronic copies of said information:

Add	Change	Remove	Name	Email Address	New Email Address, if applicable

Authorized Signer

Authorized Signer

Signature

Signature

Name (please print)

Name (please print)

Date

Date