

Trust Counselors Network, Inc.

***** Foundation Application Form *****

TO: Trust Counselors Network, Inc. P. O. Box 605, 190 Bethlehem Pike, Suite One, Colmar, PA 18915
(215) 822-6601 • Fax: (215) 997-9545 • www.trustcounselor.org -E-mail: advisor@pobox.com

*This form is used to create a **Foundation with Trust Counselors Network**. Note that all information is required, and incompleteness may delay the authorization by the Board of Trustees for the use of the account.*
Your Foundation will be a Project of the Trust Counselors Network, Inc. - a 501(c)3 Not-for-Profit Public Charity.

Name desired for your Foundation at TCN: _____
Name of Founder of above Foundation: _____
Name of Co-Founder: _____
Where will you operate your Foundation Account? _____
Name of Your Sponsor, if any : _____ I.D. No.: _____
Your Street Address: _____ Home Phone: _____
City, State, Zip: _____ Founder's Tax ID No: _____
Personal Web Site: _____ E-mail: _____
You may make any special comments or requests in the section to the right: ----->
Mailing Address: (If different than above): _____
City, State, Zip: _____ E-mail: _____
Contact Person: _____ Web Site: _____

Special Requests:

Check here if you are going to attach a more detailed Mission Statement

Purpose of Your Foundation Account: To support Charitable, Religious, Educational, Scientific and Health-related programs and to help other organizations which are philanthropic in nature in the community at large. You may also provide more information to further describe the activity or plans for your Foundation:

Contact Date: _____

Remarks:

Please sign: _____ Date: _____

Set-up fee for a Foundation: \$285.00

- We acknowledge the Fee: \$285.00 We currently have a Foundation named: _____
- I understand that the fee includes the services of a Donor Advised Account and all TCN Fund-Raising Programs.
- I enclose a check for: \$ _____ This check (or credit card below) includes an additional donation of \$ _____.)
- I would like to learn more about the _____; and also _____
- I am paying by Credit Card No: _____ Exp. Date: _____ VISA ___ MC ___ AMEX
Print Name on Card: _____ Signature: _____ Total \$ _____

Note: Annual Adm. Fees are 2% of account value, on a quarterly basis. Fees on Donations are 2.0%, except for gifts in kind.

Date Received at TCN: _____ Processed by: _____ Account No: _____ Revision Date: 12162004