

Trust Counselors Network, Inc.

*****Field of Interest Foundation Application Form*****

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

*This form is used to create a **Foundation Account 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: _____ City, State, Zip: _____

Home Phone: _____ E-mail: _____ Personal Web Site: _____

Founder's Tax ID No: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ E-mail: _____ Web Site: _____

Contact Person: _____

I would like the following person to be my Successor to run my foundation upon my passing

Name of Successor: _____ Phone: _____

Street Address: _____ City, State, Zip: _____

[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:

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: _____ Security Code*: _____ Exp. Date: _____ VISA _____ MC _____ AMEX _____

Print Name on Card: _____ Signature: _____ Total \$ _____

* Security Code is either three digits on back of card or 4 digits on front of card

Note: Annual Adm. Fees are 2% of account value, on a quarterly basis. Fees on Donations are 2.5% except for gifts in kind.

Date Received at TCN: _____ Processed by: _____ Account No: _____ Revision Date: 08022006