



The Catholic Foundation of Northeast Kansas Annual Designation of Fund Trustees

I certify that I am the Trustee Chair (not pastor) for the _____
_____ (Fund), which is established at
The Catholic Foundation of Northeast Kansas.

Trustee Chair, Signature

Date

The following persons (not less than three and no more than eight including the Pastor), have been appointed to serve as Trustees of said Fund. Indicate Pastor, Chairman, Vice Chairman, Treasurer, and Secretary next to each officer's name, and indicate first or second next to term expiration date. **Please Print. Only the Chair's signature is required.**

Name _____

Address _____

City, State, Zip _____

Phone _____

Term/ Expiration Date _____

Email _____

Name _____

Address _____

City, State, Zip _____

Phone _____

Term/ Expiration Date _____

Email _____

Name _____

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