



CATHOLIC FOUNDATION
OF NORTHEAST KANSAS

Annual Designation of Fund Trustees

Fund Name: _____

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 _____

Phone _____

Address _____

Term/ Expiration Date _____

City, State, Zip _____

Email _____

Phone _____

Name _____

Term/ Expiration Date _____

Address _____

Email _____

City, State, Zip _____

Name _____

Phone _____

Address _____

Term/ Expiration Date _____

City, State, Zip _____

Email _____

Phone _____

Name _____

Term/ Expiration Date _____

Address _____

Email _____

City, State, Zip _____

Name _____

Phone _____

Address _____

Term/ Expiration Date _____

City, State, Zip _____

Email _____

Phone _____

Name _____

Term/ Expiration Date _____

Address _____

Email _____

City, State, Zip _____

Name _____

Phone _____

Address _____

Term/ Expiration Date _____

City, State, Zip _____

Email _____