

Account Name:

\_\_\_\_\_

Account number: \_\_\_\_\_

Dear Account Holders:

I would like you to obtain the names and signatures of those that you have given permission to be contacts and report recipients for your MCG Foundation accounts.

I will keep this as part of our permanent file. When you have any changes in contacts and report recipients, please send a memo and I will e-mail you a new authorization for you to sign and return for our files.

Thank you for your continued cooperation.

Please sign at the bottom and return as soon as possible.

Kathryn Warr, CPA  
MCG Foundation, Inc.

\_\_\_\_\_

The following have been authorized to be the Contact and Report Recipient for the Foundation funds, and these are their names and personal signatures.

Contact

1. \_\_\_\_\_  
**Print name then sign**, include campus address, phone and fax, department, position, and e-mail

Report Recipient

2. \_\_\_\_\_  
**Print name then sign**, include campus address, phone and fax, department, position, and e-mail

Signed by: \_\_\_\_\_  
Chairman/Dean/Vice President-Print name then sign

Date: \_\_\_\_\_

**Please remove the following as contact and/or report recipient:**

\_\_\_\_\_  
\_\_\_\_\_