



# Los Angeles Mission College

## Trust Fund Charter

13356 Eldridge Avenue, Sylmar, Ca. 91342-3245 phone: 818-364-7600

**Charter Date:** \_\_\_\_\_

I, \_\_\_\_\_, wish to support \_\_\_\_\_ by creating and donating to the \_\_\_\_\_ Trust Fund.

Intention of: \_\_\_\_\_  
\_\_\_\_\_

Specify any restriction on this trust, please circle one:      Yes      No

If yes, please briefly describe what kind of restrictions ( such as fund existing trust in perpetuity - min. \$ 5,000 required) below:

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

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

City , State, Zip \_\_\_\_\_

Donation amount: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License # ( Optional ): \_\_\_\_\_

Signature: \_\_\_\_\_

You may designate College Department Chair as your trust administrator. If you choose so, please fill out the following. If you decide to administer the trust yourself, please write your name as a Trust Administrator below.

Trust Administrator<sup>++</sup>: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Address \_\_\_\_\_

City , State, Zip \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail forms to:

**Business Office, Los Angeles Mission College, 13356 Eldridge Ave., Sylmar, Ca 91342-3245**

<sup>++</sup>The default of trust Administrator will be V.P. of Administration or College Financial Administrator if the trust

administrator named above is unavailable 30 days after notification by U.S. Registered Mail.