

**Custodial Letter of Agreement for Pass Through Accounts with the Greater  
Menomonie Area Community Foundation**

Description and Timelines of the Project Including Completion Date:

Total Amount Needed:

Name and Address of the Organization or Persons Establishing the Account:

Name, Address, and Phone Number of Contact Person:

Names and Addresses of Those to be Contacted for Donations to the Account (please use a separate sheet of paper if needed):

It is understood and agreed that the Account shall be administered by the Foundation and subject to its Bylaws and Policies. Funds from the Account will be distributed upon request by the designee and subject to final approval by the Board of Directors of the Foundation. It is further understood and agreed that if, after a period of two years past the stated completion date, there are not sufficient funds to carry out the purpose of the Account, the gifts in that account will revert to a designated fund.

Signature (President/Chair) \_\_\_\_\_

Signature (other) \_\_\_\_\_ Title \_\_\_\_\_