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[++]:_____

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

++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.