



AUGUSTA UNIVERSITY  
**FOUNDATION**

**REQUEST TO CHANGE/CLOSE FUND**

Date: \_\_\_\_\_ Form Prepared By: \_\_\_\_\_ Phone: \_\_\_\_\_

Fund Number: \_\_\_\_\_ Current Fund Name: \_\_\_\_\_

**CHANGE FUND**

**CLOSE FUND**

NEW Fund Name: \_\_\_\_\_

Current Fund Purpose:

NEW Fund Purpose:

NEW College/VP Area: \_\_\_\_\_

NEW Department/Academic Area: \_\_\_\_\_

Justification for Change/Closure or other requested updates. Please describe in detail the changes requested.

---

**AUTHORIZED SIGNATORY APPROVAL**

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

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

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

---

**Please return completed form to AU Foundation Accounting.**

1120 15<sup>th</sup> Street, AD-1104, Augusta, GA 30912 [foundationacctng@augusta.edu](mailto:foundationacctng@augusta.edu) (706)-721-4001

-----Foundation Use Only-----

Reviewed by:

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_