

STATEMENT OF PURPOSE

FUND #

Name of Fund _____

Date Fund Established with NMCMFI _____

Purpose of Fund _____

Are there restrictions on use of fund _____

For future reference, funds used to establish this fund came from _____

Who may request distributions from this fund (example, Trustee Chairperson)

Position

Position

Position

Who should receive the quarterly reports:

Name

Name

Address

Address

City, State, Zip

City, State, Zip