

FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

REQUEST TO ESTABLISH A NEW FOUNDATION ACCOUNT

Proposed Name of Account: _____

Name of College / Program: _____ / _____

Name of Contact Person: _____

Email: _____ Phone: _____

Brief description of how the account funds will be used; for example, purchase supplies, recognize achievement, student activities, etc...

Required Signatures

Staff Member Making Request

Print Name: _____ Signature: _____ Date: _____

Department Dean or Program Director

Print Name: _____ Signature: _____ Date: _____

College President or Vice President

Print Name: _____ Signature: _____ Date: _____

YCCD Foundation Director

Print Name: _____ Signature: _____ Date: _____

Please direct questions to the Foundation Office at 530.740.1703 or
Foundation@yccd.edu.

Please completed and return the original form to:

**YCCD Foundation
425 Plumas Blvd, Suite 200, Yuba City, CA 95991**