



Transfer of Organization Fund Agents

Fund Name

Please return this completed form with a copy of the minutes of meeting at which the incoming officers were elected. All signatories below authorize the Knox County Foundation to direct future fund statements to the incoming officers, and to recognize incoming officers as the agents for the above named organization fund.

**Incoming Organization
President/Chair/CEO**

Name

Mailing Address 1

Mailing Address 2

City, State Zip

Signature

Date

**Incoming Organization
Treasurer/CFO**

Name

Mailing Address 1

Mailing Address 2

City, State Zip

Signature

Date

**Outgoing Organization
President/Chair/CEO**

Name

Signature

Date

**Outgoing Organization
Treasurer/CFO**

Name

Signature

Date