

# MEDICAL COLLEGE *of Georgia* FOUNDATION



## Fund Change Request

### Request to Close Fund

Fund Number \_\_\_\_\_

Fund Name \_\_\_\_\_

Justification for Closing Fund

### Request to Change Fund

Fund Number \_\_\_\_\_

Current Fund Name

Proposed Fund Name

Current Fund Purpose

Proposed Fund Purpose

Justification for Fund Change Request

### Authorization (Dean or Department Chair)

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MCG Foundation Use Only

\_\_\_\_\_  
President/CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chairman Signature

\_\_\_\_\_  
Date

Please submit this form and any necessary supporting documentation to MCG Foundation located at 720 St. Sebastian Way, Suite 150, Augusta, GA 30901 (Attn: Accounts Payable). MCG Foundation's Fund Maintenance Policy can be found at <https://mcgfoundation.org/policies-and-forms/>. For all other inquiries, please contact the MCG Foundation Accounting Department at (706) 823-5503.