

Advisor Information Sheet



714 South Thornton Avenue
P.O. Box 942
Dalton, GA 30720
706.275.9117

New Client

DATE: _____

Existing Client

Name of Endowment Fund: _____

Organization Name: _____

Primary Contact Person: _____ Position: _____

Primary Mailing Address: _____

City / State / Zip _____

Email Address: _____ Telephone Number: _____

Facsimile Number: _____

501 (C) Charity: _____

Other: _____

Staff Use Only:

DATE – Fund Created: _____

FIMS Acct. Created: _____

FEE Structure: _____

Restriction: _____