



Community Fund Ohio
 17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130
 Phone: 216.736.4540 • Fax: 216.867.9783
 www.communityfundohio.org

Authorization to Release Information

I authorize Community Fund to disclose the following information: (check one)

_____ Any information that could be provided to the Designated Advocate, such as a copy of the Joinder Agreement, account balance, and tax information

_____ Other: _____

to the following person or organization:

Name of Person: _____

Name of Organization: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

This authorization will expire: (check one)

_____ When Community Fund receives my written revocation of this Authorization.

_____ Date: _____

You may revoke this Authorization at any time by submitting a written notice by mail or fax to Community Fund Ohio. Your revocation may take up to 30 days to process.

 Signature of Grantor of Master Trust or Designated Advocate

 Signature of Second Grantor (if applicable)

 Printed Name

 Printed Name

 Beneficiary's Name

 Agreement Number
 (consisting of 1-2 letters and 8 numbers)