ALBUQUERQUE COMMUNITY FOUNDATION
leadership • trust • legacy

2022 Trustee Data Form

Name & Title

Name

Title

Email Preference: (Select 1 or both) ☐ Home ☐ Business

Home Email Address

Business Email Address

Mailing Preference: (Select 1 or both) ☐ Home ☐ Business

Home Address

City, State, Zip

Home Phone Cell

Business Name

Business Address City, State, Zip

Business Phone Fax

Assistant's Name:

Name

Phone Email

Other Community Affiliations (Top 3 – 5):

Personal Data:

Birthday: _____ _____
Month Day

Name of spouse/significant other (if applicable)**:**

Professional Advisors

Attorney (if applicable)

Name

Title | Cell Phone

Business Name | Business Phone

Business Address | City, State, Zip

Additional Notes (if needed)

CPA (if applicable)

Name

Title | Cell Phone

Business Name | Business Phone

Business Address | City, State, Zip

Additional Notes (if needed)

Financial Advisor (if applicable)

Name

Title | Cell Phone

Business Name | Business Phone

Business Address | City, State, Zip

Additional Notes (if needed)

Life Insurance Professional (if applicable)

Name

Title | Cell Phone

Business Name | Business Phone

Business Address | City, State, Zip

Additional Notes (if needed)

Trust Company (if applicable)

Name

Title

Cell Phone

Business Name

Business Phone

Business Address

City, State, Zip

Additional Notes (if needed)

Save completed form.

Submit this form to Danielle.