

**EXHIBIT "A"**

**Onward! A Legacy Foundation  
PO Box 26  
Cortez, CO 81321**

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Name of Fund: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Fund Advisory Committee:**

Chairperson:

1) \_\_\_\_\_ (name, position)  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone)

2) \_\_\_\_\_ (name, position)  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone)

3) \_\_\_\_\_ (name, position)  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone)

4) \_\_\_\_\_ (name, position)  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip)  
\_\_\_\_\_ (phone)

Any changes or additions to the fund advisory committee listed either above and/or on an attached form must be made pursuant to a written resolution by the chairperson of this committee.