African American Legacy Fund a fund of the Community Foundation for Southern Arizona

Name of organization: _____

Board of Directors Roster

NAME	OCCUPATION	RESIDENCE ZIP CODE	TENURE (dates on board or number of years)	OFFICE (if any)

How many Board Members are allowed per your By-Laws? _____ How often does your Board meet? _____

How many Board Members identify African American or Black? _____
Where does your Board meet? _____

Helpful hints:

- Names are easier to read if presented in alphabetical order.
- Occupation: Please share the job title and business name for each individual. If someone is retired, indicate that but tell us what he/she retired from.