

Request to Establish An Endowment Fund

BENEFACTOR PERSONAL DATA	
Benefactor Name:	
Street Address:	
City, State, Zip Code:	
Home Telephone (Evenings):	Work Telephone (Days):
Mobile Telephone:	Fax Number:
Email Address:	Best Time to Contact You? Day ___ Evening ___
PFA Alumni ___ Yes ___ No	If Yes, Years Attended _____ Year Graduated? _____

1. Please specify the desired name of the Restricted Endowment Fund:

-- In Memory of (if appropriate): _____

-- In Honor of (if appropriate): _____

2. Please designate the specific purpose you wish to endow:

If you do not have a specific purpose, you can select one of the major capital, endowment or program projects listed on the PFA Foundation website (www.pfafoundation.org) or listed below. Check all that apply and what allocation percentages (%) you want to designate to each project.

Note: Your allocations must total 100% of the initial endowment. Future payments will be allocated as specified on this original form. You may change future allocations during an annual review of your endowment fund.

3. List all Projects, Academic Enhancement Programs or Endowment Funds you wish to create:

- Library and Student Center Girls Dormitory Technology Center
- Boys Dormitory New Cafeteria Science and Math
- Community Impact Computer Technology Performing Arts
- Mentoring Internships Languages College Preparation
- Tutoring Others: _____

4. Specify the Total Amount of the Endowment Fund Commitment to Be Reached

Within 5 Years: \$ _____

5. When do you to plan to reach this goal? _____

6. How much will you supply annually? \$ _____ [Reminder: Please be sure to complete and submit a PFA Foundation Inc. Capital Campaign Pledge Form for accurate planning and financial accounting purposes.]

7. Specify the Amount of your Initial Endowment Payment Plus A \$25 Set-Up Fee:

8. Initial Payment : \$ _____ Set Up Fee: \$25.00 Total Amt. Enclosed : \$ _____

Note; Minimum Amount to open the Account is \$250. Please add the \$25 Set-Up Fee with your opening balance payment. There is an annual \$25 fund management fee, which will be assessed to the fund annually.

9. Starting on _____ 20__ Please bill me \$ _____
 _____ Annually _____ Quarterly _____ Monthly _____ Other: _____

10. When can the PFA Foundation, Inc. begin to allocate the funds as requested? 20__

11. Can the PFA Foundation Inc., Office announce your endowment fund, list your name in our marketing materials and solicit potential donors who wish to contribute to your named endowment fund to help achieve your total endowment fund goal?

Yes: No:

12. Endowment Funding Criteria:

<p>Is there a minimum dollar amount of the project or program you wish to fund?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify amount \$ _____</p>	<p>Is there a specific waiting period before the funds can be used?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what year can the funds be used? 20__</p>
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<p>Is there a specific academic or student affairs program you wish to fund that is not listed? (Please Specify) _____</p> <p>For assistance in a selecting a strategic priority of PFA, please refer to the PFA Academy Strategic Plan listed on the website at www.pfafoundation.org.</p>	<p>Do you request any assistance with setting up a charitable trust fund, will, bequests or other estate planning needs?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Would you consider designating the PFA Foundation Inc. in your Will or Trust?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, can we contact you with information to assist you in updating your will or trust? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have you considered naming the PFA Foundation, Inc. as a beneficiary of your insurance or retirement accounts? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, can we contact you with information to assist you in updating your beneficiary designations? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

13. Benefactor/Donor Requirements:

<p>Would you be willing to volunteer to participate in the review and selection process for major capital project awards?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Would you be willing to volunteer to participate in the review and selection process for academic curriculum enhancement program awards?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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(Please attach any other Additional Documentation, Endowment criteria or other desired restrictions or instructions to establish your endowment fund.)

Note: The PFA Foundation Inc. will provide an annual report on the status of the capital campaign and all other endowment funds in our annual report. The report will be available for your viewing and downloading on the PFA Foundation Inc. website at www.pfafoundation.org.

If you wish to change your requirements or modify the endowment amount, please contact the PFA Foundation Inc. office as soon as possible to enable the Scholarship and Endowment Committee sufficient time to accurately determine the disposition of your endowment. Prior to any allocation of your endowment funds, **your fund balance must have a sufficient balance no later than 45 days prior to the planned award announcement and presentation date. Your check and future payments should be sent to the PFA Foundation Inc. office at the following address:**

PFA FOUNDATION, INC.
540 East 105th Street, Suite 245
Cleveland, Ohio 44108
(216) 851-1018 (office); (216) 851-1020 (fax)

All checks, money orders, certified checks, or other gifts should be made payable to the PFA Foundation, Inc. a non-profit 501 C (3) organization; and specify the specific Scholarship Fund Name on the check's memo section for accurate accounting. **PLEASE DO NOT SEND CASH.**

Signature of Benefactor/Donor

____/____/20____

Date of Signing

Signature of PFAF Board Chair/President

____/____/20____

Date of Gift Acknowledgement

<p align="center">Office Use Only (Account Number assigned by PFA Foundation Inc. Office)</p> <p>Date Received: Date Established:</p>
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