



Endowment Application

NAME OF APPLICANT: (Individual or Organization)

Address:

Phone:

Email:

OFFICIAL CONTACT (If different from above.):

Name:

Address:

Phone:

Email:

Title by which the endowment will be known:

The purpose of the endowment will be:

The secondary purpose of the endowment will be:

Endowment income checks should be payable to:

And mailed to:

Who will decide how the annual distribution received from this endowment will be used:

Endowment Application Continued...

How was money raised for this endowment?

Are there any special instructions, designations, restrictions or requirements for this endowment?

Are there donors, family members of donors or others associated with this endowment who should be invited to Foundation functions or added to The Foundation's mailing list?

(Please attach a list if necessary)

NAME OF PERSON (S) COMPLETING THIS FORM:

(Please print or type)

(Signature)

(Phone)

(Date)

CASH GIFTS:

Check enclosed in the amount of \$ _____
Checks should be made payable to: **The Catholic Foundation of Southwestern Indiana**

GIFTS OF STOCK:

The following described stock _____
Number of shares _____

In the case of stock, please contact The Catholic Foundation of Southwestern Indiana, for instructions before transfer is made.

Please complete this form and return to:

The Catholic Foundation of Southwestern Indiana, Inc.

P.O. Box 4169

Evansville, IN 47724-0169

Phone: (812) 424-5536 Fax: (812) 421-1334 Email: foundation@evdio.org

www.catholicfoundationswin.org