



Endowment Prequestionnaire
DONOR OPENING CONTRIBUTION

- 1. Name of Fund. The name of Fund shall be:
2. Purpose of the Fund shall be:
3. Donor's Contribution. Initial Contribution of: \$, as a charitable contribution to the Catholic Foundation of Michigan.
Funding Method: (circle one)
Check Fund transfer Securities Other:
4. Distributions: (check one)
The standard annual distribution will be allowed
Additional distribution of % will be allowed with board approval (up to 5% max)
5. Additional gift: The donor wishes to make a contribution to the Catholic Foundation of Michigan Endowment for the long-term financial support of the Foundation in the amount of \$
6. Media Release. Donor hereby grants permission for Fund name to be used in Foundation promotional materials (e.g. website, annual report, newsletter etc.). YES NO

Donor

Secondary Donor (if desired)

Print Name
Address
City/State/ZIP
Email
Phone

Print Name
Address
City/State/ZIP
Email
Phone

Quarterly Electronic Fund Statements and Correspondence should be sent to:

Donor (Contact information above will be used)
Print Name
Address
City/State/ZIP

Other (Please complete information below)
Title/Organization
Email
Phone



Beneficiary information
(needed upon creation of the fund)

Beneficiary Legal Name	
Mailing Address	
Street	
City/State/ZIP	
City, State, Zip	
Primary Phone	Federal Tax ID #
Phone	EIN:
Website	Facebook Link
Website	Facebook
Twitter Handle	LinkedIn Link
Twitter	LinkedIn

On Site Organization Contact

Name	
Primary Phone	Secondary Phone
Phone	Phone
Email	Linked IN
Email Address	LinkedIn

Board Liaison(s)

Name:	
Name	
Primary Phone	Email
Phone	Email Address

Board Approval

- Board Resolution approving the transfer of funds date: _____
- Resolution and/or letter of approval attached YES NO, Date expected _____

Promotion

- 2 High Resolution Photos for Foundation Publications attached YES NO
- Public description describing the fund for donor portal _____
