



Endowment Application and Prequestionnaire

DONOR OPENING CONTRIBUTION

1. **The Name of the Fund** shall be: _____

2. **The Purpose of the Fund** shall be: _____

3. **Donor's Contribution.** Donor irrevocably assigns, conveys, transfers and delivers to the Catholic Foundation of Michigan an opening contribution of \$_____.

Please select your preferred method for the initial contribution:

- Check - Made payable to the Catholic Foundation of Michigan with the name of the fund in the memo.
- Wire Transfer; Please contact the Foundation for instructions
- Publicly Traded Securities or Mutual Funds. Name of Stock or Fund _____
- Other _____

4. **Distributions:** (check one)

- The preferred annual distribution cycle: (*check one*)
 - April
 - November
- An **additional** distribution of _____ % will be allowed with board approval (up to 5% max) Person(s) or position(s) with the authority to elect for the annual distribution:

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

7. **Termination of the Fund:** To ensure the funds are always designated with your faithful intent, please consider an additional endowed fund or 501c3 beneficiary:

- a. Fund name: _____
- b. and if such a fund is not in existence, please select a Foundation Field of Interest:
 - Parish Life
 - Catholic Education and Formation
 - Social outreach
 - Catholic Philanthropy – providing for the mission of the Catholic Foundation

8. **How did you hear about the Catholic Foundation of Michigan?**

- Donor initiated
- Referred by a professional advisor
- Through a school/parish partnership
- Referred by pastor
- Through Catholic Foundation marketing
- Other: _____



DONOR INFORMATION

Donor

Print Name

Address

City/State/ZIP

Email

Phone

Secondary Donor (if desired)

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)

Other (Please complete information below)

Print Name

Title/Organization

Address

Email

City/State/ZIP

Phone

For Nonprofit Entities:

Board Approval

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

After completing all three pages of this form, get the process started by emailing the form to info@catholicfoundationmichigan.org or mailing it to: Catholic Foundation of Michigan, 1145 W. Long Lake Road, Suite 201. Bloomfield Hills, MI 48302. For questions, please call our helpful staff at 248.204.0332



Beneficiary information
(needed upon creation of the fund)

Beneficiary Legal Name	
Mailing Address (Street)	
City/State/ZIP	
Primary Phone:	Federal Tax ID # EIN:
Website	Facebook link
Twitter handle	LinkedIn link

On Site Organization Contact

Name	
Primary phone number	Secondary phone number
Email address	LinkedIn link

Board Liaison(s)

Name:	
Primary phone number	Email address

Promotion

2 High Resolution Photos for Foundation Publications attached YES NO

Public description of the fund for donor portal _____
