



Tuition Assistance Application and Prequestionnaire

DONOR OPENING CONTRIBUTION

1. **Name of Fund** shall be: _____
2. **Purpose of the Fund** shall be: _____
3. **Specific requirements for beneficiaries:** _____
4. **Donor's Contribution.** Initial Contribution of \$ _____, as a charitable contribution to the Catholic Foundation of Michigan. Funding Method: *(check one)*
 Check Fund transfer Securities Other: _____
5. **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:

6. **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 \$_____.
7. **Media Release.** Donor hereby grants permission for Fund name to be used in Foundation promotional materials (e.g. website, annual report, newsletter etc.). *(circle one)* **YES** **NO**
8. **Termination of the Fund:** As a security to ensure the funds are always designated with your faithful intent, please consider an additional endowed fund or 501c3 beneficiary to be referenced in paragraph 7 of the agreement:
 - a. Fund name: _____
 - b. And/or 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
9. **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
Email
Phone

Title/Organization
Address
City/State/ZIP

For Nonprofit Entities:

Board Approval

Board Resolution approving the transfer of funds date: _____

Resolution and/or letter of approval attached [] YES [] NO, Date expected _____



Beneficiary information
(needed upon creation of the fund)

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

On Site Organization Contact

Name:	
Primary Phone	Secondary Phone
Email	LinkedIn link

Board Liaison(s)

Name:	
Primary Phone	Email

Promotion

2 High Resolution Photos for Foundation Publications attached YES NO

Public description describing the fund for donor portal _____
