



HARTNELL COLLEGE FOUNDATION

Endowment Gift Agreement

I would like to establish an Endowed Fund (\$10,000 minimum)

Name of Donor for recognition purposes (Individual or Organization):

If anonymous, please check here:

Donor Name (Originator of gift): _____

Contact(s) (for correspondence): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Email: _____

Type of Fund: Campus Area Foundation-Area of Greatest Need Scholarship

Name of Fund: _____

Purpose of Fund: _____

If a scholarship fund, please provide the following information:

Award funds to: a single recipient more than one recipient (minimum of \$500 per student)

Select Major: Any major recommended) or Specify Major: _____

**Students must carry 9 units or more to receive a scholarship and have minimum GPA of 2.7. Please see attached information for organizational scholarships.*

Please share purpose of this scholarship or additional criteria. *Please note: the more general statement of qualifications the greater the possibility of aiding deserving students. Simply state "Current or entering Hartnell College student(s) with demonstrated need."*

Tell us what inspired you to give:

The Endowment Fund may, for investment purposes, be merged with any of the investment assets of the Corporation, but it shall be entered in the Corporation's books and records as the named funds stated above. The Endowment Fund shall be administered by the Corporation for the sole benefit of Hartnell College. The intent of the endowed funds is that only the allocated earnings are distributed for purpose of the funds, in accordance with the Foundation's Investment Policy.

In the event that market conditions temporarily drive the Endowment Funds' value below their historic dollar value, the Corporation may, use and distribute for the intended purpose of the Endowment Funds, so much of the principal from the Endowment Funds as is necessary to provide continuing and consistent financial assistance to the students or program to be benefitted by the Endowment Funds. It is intended by the foregoing provision that the restrictions on use of endowment funds presently contained in Probate Code §18502 (or any successor section) which restrictions limit the use thereof below the historic dollar value of the Endowment Funds shall not apply to the use and administration of the Endowment Fund.

The donor intends that the Endowment Funds exist in perpetuity. If, at any time, Hartnell College Foundation determines that all or part of the income from the Endowment Funds is no longer needed for the purpose stated, or that it is impossible or impracticable to carry out exactly the purpose, the Foundation, in its sole discretion, shall determine a purpose and manner as near as is practicable to the above purpose and manner.

In an endowed fund, only the allocated earnings are distributed for purpose of the funds, in accordance with the Foundation's Investment Policy. An endowed fund is a perpetual fund established as a named fund designated by the donor. The fund may be for scholarships, special projects, campus areas or other purposes. The donor may establish the criteria for the fund's disbursement at the time the fund is established, subject to foundation approval. Donors may name the fund and funds will be held in perpetuity. A signed endowment form must be received by the Hartnell College Foundation. The management fee for all endowed funds is 1.5%.

Funds will be available for disbursement one year after the fund is established.

Donor Signature: _____ Date: _____

Accepted by Hartnell College Foundation

Print Name: _____ Title: _____

Signature: _____ Date: _____

Payment method:

Check enclosed (payable to Hartnell College Foundation) **Amount:** \$ _____

Credit Card (card number): _____

Name on card: _____

Billing Address (if different than above): _____

Expiration: _____ **CVV:** _____ **Zip Code:** _____

Signature: _____

Email receipt? Yes

Please complete, sign, and mail to: Hartnell College Foundation, P.O. Box 2258, Salinas, CA 93902
Questions? Call (831) 755-6810.

For Office Use Only:

Philanthropy:

Fund established in Raiser's Edge

Donation recorded in Raiser's Edge

Should these funds be matched by Foundation: No Yes – how much? _____ Initials: _____

Campus area informed of donation and check request form sent.

Accounting:

Match (if applicable) applied and transferred to fund on (date):

Funds transferred to UBS account on (date):

Other instructions/information/notes:

