



BETHLEHEM UNIVERSITY FOUNDATION

Endowment Agreement Form

Between _____ (donor/s name/s), of _____ (city/state/country) and Bethlehem University Foundation.

Donors who wish to provide a sustaining and lasting gift do so through an endowment gift to Bethlehem University Foundation. The Foundation invests your gift in the United States and uses the interest earned to provide perpetual funding for your intention, in your name, each year. Annually, the Foundation makes a disbursement from the endowment to support Bethlehem University. Endowed gifts have been established to fund specific faculties or programs at the University, to provide funds that help faculties grow, to buy equipment, to pay for educational programs, or other uses as specified by the donor. A Board restricted endowment allows the Foundation the means to directly respond to the most pressing needs at Bethlehem University.

With a gift of \$100,000, a donor can fully fund a permanent and perpetually named endowment. A minimum gift of \$30,000 can establish a base for an endowment. Endowments can be established by a down payment, with a signed pledge, to complete payments over a period of time. Endowments can also be established as the result of numerous individuals pooling their donations together.

I would like to name this endowment (can be in memory of or to honor of someone):	
Purpose of the Endowment:	
I pledge to establish this Permanent Named Endowment with a gift of \$ _____ payable to the Bethlehem University Foundation according to the dates and amounts listed in the plan below:	
Date	Pledge Amount

1. Please make the gift payable to *Bethlehem University Foundation*.
2. Additional contributions to this endowment may be made by any interested donor. At the conclusion of each calendar year, a report will be provided to the donors describing the value of the endowment and the use of the funds during the previous calendar year.
3. A reasonable percentage of the proceed from the endowment may be maintained by the Foundation to cover the costs associated with operational expenses.
4. Please state below that name(s) by which you wish the donor to be recognized:

Address: _____

Email: _____

Phone: _____

I/We the donor/s have read this agreement, and by our signatures, agree to the terms of this Endowment Agreement.

Name(s): _____

Signature of the Donor(s): _____

Date: _____

Signature of the Donor(s): _____

Date: _____

Please return this form by postal mail or as an e-mail attachment

to:

Brother Dominic Smith, FSC
 Development Associate
 Bethlehem University Foundation
 P.O. Box 355
 Beltsville, MD 20704-0355

Phone: 240-241-4381

e-mail: brds@bufusa.org