



Application

Name _____
 Name _____
 Address _____ Address _____

 Phone H:(____) _____ W:(____) _____ Phone H:(____) _____ W:(____) _____
 SS#: _____ - _____ - _____ DOB: _____ SS#: _____ - _____ - _____ DOB: _____
 e-mail address _____ e-mail address _____

Salutation preference: Mr./Mrs./Ms./Mr. & Mrs./First name(s) _____

Name the Advised Fund: _____

Contribution: Cash \$ _____ Other: _____
 Securities Broker/firm: _____ Phone(____) _____
 _____ shares of _____ Account # _____
 _____ shares of _____ Account # _____
 _____ shares of _____ Account # _____

All securities will be immediately liquidated upon receipt.

At the last donor's death, the Advised Fund shall become part of the Unrestricted Fund, unless you designate otherwise.

Check here if you wish the remainder of your Advised Fund to be distributed to:

Seattle Pacific University Seattle Pacific Foundation

I acknowledge that I have read the Seattle Pacific Gift Fund Policy Statement and agree to the terms and conditions described therein. I understand that any contribution, once accepted by the Seattle Pacific Gift Fund Board, represents an irrevocable contribution to the Seattle Pacific Gift Fund and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify the Seattle Pacific Gift Fund in writing of any changes.

Donor's Signature _____ Date _____

Donor's Signature _____ Date _____

Please provide the following information for our records:

Anticipated annual distribution: 5-10% 10-25% 25-50% 50-100%

Why did you choose to establish a fund with the Seattle Pacific Gift Fund?
(If more than one apply, please number in order of priority.)