



## ESTABLISHING A DONOR RESTRICTED FUND OR SCHOLARSHIP

*Use this form to establish a Donor Restricted Fund or scholarship with The Delta Foundation for charitable and educational purposes. Please mail, fax or email completed form.*

### I. Donor's Information

Individual or Chapter name

Mailing Address

Email

Preferred Phone

Name of Individual if Chapter request

Mailing Address

Email

Preferred Phone

Chapter President's Name

Chapter President's Email

Chapter Treasurer's Name

Chapter Treasurer's Email

### II. Restricted Purpose Information

Name of Fund

When naming a fund, briefly describe the specific charitable and educational purpose(s) your donation is restricted to benefit (attach additional sheets if needed):

List the criteria for selecting the scholarship recipients (attach scholarship application, timeline and rating sheet, and additional sheets if needed):

Amount of Initial Donation (recommended minimum= \$1,000 fund-contact Foundation if this is a problem). If initial donation is under \$1,000 please complete the Donation/Pledge Form to indicate when you plan to remit the balance.

### III. Acknowledgement

I am aware and acknowledge that when making this gift and future gifts to the Foundation or any of its funds, I am making it of my own free will and that once the asset is transferred it becomes the property of the Delta Research and Educational Foundation to be used for charitable and educational purposes as outlined by the Foundation, **subject to such approved donor restrictions as are permitted by law.** I understand that unless approved in writing by the Foundation, my requests regarding the Foundation's use of my contribution is a non-binding request and that The Foundation's Board of Directors makes all grant decisions at its sole and independent discretion, subject to applicable law and approved donor restrictions. I certify that if grants are distributed from my donation, they will not fulfill a pre-existing pledge. Further, neither I, nor any other individual, will receive any goods, services or other private benefit from the organization as consideration for the amount of the contribution that is tax deductible.

x

Signature of Donor

FOR OFFICE USE ONLY

This grant has been:  
 Approved  
 Denied

Account name or number: \_\_\_\_\_  
 Additional notes:

\_\_\_\_\_  
 Signature (Officer/Director)

\_\_\_\_\_  
 Date

**The Individual's or Chapter's Authorized Representative(s) for serving as the liaison with the Delta Research and Educational Foundation (there must be two individuals if the donor is a chapter):**

Name	Title	
Signature	Telephone	Fax

EMAIL

Name	Title	
Signature	Telephone	Fax

EMAIL

*Please retain one copy of application and forward original to The Delta Foundation*