

## ESTABLISHING A NEW FUND IN P.E.O. FOUNDATION

Please review the following forms for additional information in establishing a new fund: Form F-PD, Information for Prospective Donors; Form-OPT, Options for Establishing New Funds; Form F-ES, Requirements for Establishing a Scholarship Fund. ***If choosing the Scholarship option for your fund, please request form F-SO before completing this form.*** Copies of these forms are available from P.E.O. Foundation Trustees or Foundation Supervisor, P.E.O. Executive Office, 3700 Grand Avenue, Des Moines, IA 50312, phone (515) 255-3153. **Make check payable to P.E.O. Foundation and send to above address.**

FUND NAME \_\_\_\_\_  
NAME OF DONOR \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

DATE ESTABLISHED \_\_\_\_\_ INITIAL AMOUNT \$ \_\_\_\_\_  
*(A minimum amount of \$1,000 USD is strongly encouraged)*

USE OF FUND (check one)

**Transfer to P.E.O. International Project:** *(No restrictions may be designated for this option)*

- Educational Loan Fund
- Cottey College
- International Peace Scholarship
- Program for Continuing Education
- Scholar Awards

**Transfer - Undesignated Fund** *(Income from your fund will be transferred to the Undesignated Fund to be used for P.E.O. Projects.)*

**Scholarship: PLEASE REQUEST FORM F-SO BEFORE CHOOSING THIS OPTION!**

**Cottey College** *(Recipient will be attending Cottey College only)*

**General** *(Recipient may attend any school unless otherwise indicated in Special Instructions; indicate the scholarship option you have selected from form F-SO in spaces directly below; if choosing Option B or C, please write the amount of the scholarship award/minimum principal balance in Special Instructions.)*

\_\_\_\_\_ **A**                      \_\_\_\_\_ **B**                      \_\_\_\_\_ **C**

FUND LOCATION (STATE/PROVINCE) \_\_\_\_\_ CHAPTER \_\_\_\_\_

NAME OF CONTACT PERSON \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

*(We will contact this person for questions regarding the fund)*

NAMES/ADDRESSES OF RECIPIENTS OF ANNUAL ACTIVITY LETTER: **(maximum of 2)**

\_\_\_\_\_  
(Chapter Office Held-if applicable)

\_\_\_\_\_  
(Chapter Office Held-if applicable)

SCHOLARSHIP SELECTION COMMITTEE \_\_\_\_\_

SCHOLARSHIP SELECTION COMMITTEE CHAIRMAN \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

SPECIAL INSTRUCTIONS-These will be considered when preparing the Statement of Operation. *(Use the reverse side if necessary)*