

Establishing a Donor Restricted Fund or Scholarship

Delta Research and Educational Foundation

1703 New Hampshire Ave, NW, Washington, DC 20009
 Phone: 202.347.1337 | Fax: 202.347.5091 | info@deltafoundation.net
www.deltafoundation.net

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 Information		Date:
Individual or Chapter Name:		
Mailing Address:		Preferred Phone:
Name of Individual submitting the request:		
Mailing Address:		
Email:	Preferred Phone:	
Chapter President'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 Delta 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 laws 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 contribution for the amount of the contribution that is tax deductible.	
Signature of Donor or Individual Submitting Request	Date:
X	

IV. Additional Signatures

Name:	Title:
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Signature: X	Date:
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Telephone:	Fax:	Email:
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Name:	Title:
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Signature: X	Date:
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Telephone:	Fax:	Email:
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FOR OFFICE USE ONLY

This request has been: ____ Approved ____ Denied Account Name/Number: _____

Signature (Officer/Director) X	Date:
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