



**Texas State Association of Parliamentarians
Education Endowment Fund
Receipt of Gift and Directions of the Donor**



Donor Information:

Name _____ Phone number: _____
 Street _____ Email: _____
 City _____ State: _____ Zip: _____

Amount of gift: \$ _____

If your gift is being given as a memorial, please provide the name of the person

Please indicate how you would like your gift to be utilized:

Permanently Restricted. I want my gift to be permanently invested in the Education Endowment Fund.

Temporarily Restricted. I want my gift used specifically for the following grant:

I understand the amount of my gift will be returned to me if the funds are not utilized within two years.

Temporarily Restricted. My gift may be used for any grants approved by the board of trustees.

I understand the amount of my gift will be permanently invested in the Education Endowment Fund if the funds are not utilized within two years.

Undesignated Gift. There are no restrictions to my gift.

The gift may be either fully or partially invested in the Education Endowment Fund or used for grants approved by the trustees.

Signature of donor

Date

Signature of trustee

Date

TREASURER'S USE

Date Received: _____

Check #: _____