

Endowed Program Commitment Form

New Amended

Name of endowed program fund _____

My Gift and Payment

Gift Amount (Corpus/Principal)– minimum \$30,000 _____ Gift Date _____
 Pledge Schedule? No Yes
 Initial Payment Amount _____ Initial Payment Date _____
 Annual Installment Amount _____ Annual Installment Date _____

Criteria (Please check any that apply)

Program Support Purpose

Academic Pathway _____
 Academic Department _____

Reporting

Program Duration _____
 Budget Required? _____ If Yes, please attach budget.
 Report Frequency _____
 Program Manager* _____

Additional Program Support Criteria

Personal Information

Donor Name* _____
 Contact Name _____
 Address* _____
 City* _____ State* _____ Zip* _____
 Cell _____ (W) Phone _____
 E-mail* _____

Is this gift from a foreign entity? No Yes

Refer to **Terms of Agreement for Establishing a New Fund** page online. giving.broward.edu/new-fund-toa

Reviewed & approved by

Vice President of Advancement & _____ Date _____
 CEO of the Broward College Foundation

Donor Signature(s): _____ Date _____

_____ Date _____

I would like more information about estate planning.