

ALUMNAE CLUB FOUNDATION GIVING FORM

Alumnae Club Name: _____ Date: _____

President: _____ Phone: _____ Email: _____

Address: _____ City/ST (or Province)/Zip: _____

Submitted By: _____ Phone: _____ Email: _____

- ✓ **ALL CHECKS MUST be made payable to PI BETA PHI FOUNDATION.** Please DO NOT include Fraternity dues checks.
- ✓ **FOR AWARDS CONSIDERATION/CONVENTION ALLOTMENT: A gift to each of the TWO required funds must be made by December 31.** ALL CHECKS MUST be dated by December 31 of each year AND MUST BE MAILED AND POSTMARKED by December 31. **To be considered for awards, gifts must be made by December 31.**
- ✓ **USE THIS FORM and, if applicable, Form A, Form B or Form C** if you want your alumnae club to get the credit it deserves! Don't miss out on important recognition because you missed a form!

1. ENCLOSED IS AN ALUMNAE CLUB CHECK IN THE AMOUNT OF \$ _____ (include only check(s) drawn on alumnae club account)

2. DESIGNATE OUR ALUMNAE CLUB GIFT AS FOLLOWS:

\$ _____ Friendship Fund (REQUIRED)

\$ _____ The Literacy Fund (REQUIRED)

Check here to submit 25% of your Literacy Fund gift and a qualifying match from the Foundation to a local nonprofit organization working in literacy. **If checked, then Form A must be completed and enclosed.**

\$ _____ OPTIONAL DONATION DESIGNATED TO _____ FUND*

*visit pibetaphi.org/foundation to learn more about our Foundation funds.

3. ARE THESE GIFTS IN MEMORY OR RECOGNITION OF ANYONE?

No Yes **If yes, then Form B must be completed and enclosed.**

4. DO YOU ALSO HAVE CHECKS FROM OTHERS YOU WISH TO HAVE CREDITED TO YOUR ALUMNAE CLUB?

No Yes **If yes, then Form C must be completed and enclosed.**

QUESTIONS? Call (636) 256-1357 or email fndn@pibetaphi.org.

Mail completed forms to: Pi Beta Phi Foundation, PO Box 801867, Kansas City, MO 64180-1867.



**ALUMNAE CLUB FOUNDATION GIVING FORM
FORM A
LITERACY FUND – LOCAL IMPACT GRANT
25% NOMINATION & MATCHING GIFT REQUEST**

**THIS FORM MUST ACCOMPANY Alumnae Club Foundation Giving Form and/or FORM C IN
ORDER TO DISTRIBUTE YOUR 25% NOMINATION & QUALIFY FOR MATCH**

Alumnae Club Name: _____ Date: _____

Submitted By: _____ Email: _____

- ✓ **ONLY GIFTS TO THE LITERACY FUND** may be nominated to a local organization. Up to 25% of your literacy gift as listed on the accompanying Alumnae Club Foundation Giving Form or Form C qualifies.
- ✓ **ONLY LOCAL ORGANIZATIONS** that meet the criteria outlined below are eligible to receive your gift and the Foundation match.
- ✓ **PI BETA PHI FOUNDATION** will match your nominated amount dollar for dollar to a qualified local group. Funds will be disbursed quarterly.
- ✓ **NO NOMINATIONS OR MATCHES** will be made without this form accompanying your gift at the time the gift is made. The Foundation cannot retroactively accept nominations. Only one recipient group may be nominated per form.
- ✓ As required by the IRS and federal tax law, Pi Beta Phi Foundation retains final authority, discretion and control of all Literacy Fund grants.

1. LOCAL IMPACT GRANT NOMINATION & CALCULATION

ALUMNAE ORG GIFTS \$ _____ (Item 2, line 2 from Alumnae Club FNDN Giving form) X 25% = _____

SOFT CREDIT GIFTS \$ _____ (Item 2, line 2 from Form C) X 25% = _____

\$ _____ Total

X 2 for FOUNDATION MATCH

\$ _____ **TOTAL REQUESTED***

2. LOCAL RECIPIENT GROUP

Check here to verify this group is a **501(c)3 nonprofit organization or registered Canadian charity** and that you have **enclosed a copy** of their current IRS 501(c)3 determination letter (or proof of Canadian Charity Registration). This copy is required with your first nomination of an organization and annually thereafter on a fiscal year basis.

We nominate the following organization to receive our Local Impact Grant:

Organization Name: _____ Contact Name: _____

Street Address: _____ City/ST (or Province)/Zip: _____

Website URL: _____ Phone: _____

Federal EIN/Canadian BN: _____ (available from organization or at www.guidestar.org)

Organization's specific literacy program that will be funded by this grant: _____

*LOCAL IMPACT GRANTS are distributed quarterly, and recipient group information will be independently verified by Foundation staff prior to disbursement. You will be notified in writing in the unlikely event that the Foundation is unable to accept your nomination for this Local Impact Grant. Incomplete Local Impact Grant nomination submissions cannot be accepted. For incomplete submissions, nominated funds will be directed to The Literacy Fund with no Local Impact Grant provided. **QUESTIONS?** Call (636) 256-1357 or email fdn@pibetaphi.org.

TO BE INCLUDED WITH COMPLETED Alumnae Club Foundation Giving Form and/or Form C.

ALUMNAE CLUB FOUNDATION GIVING FORM FORM B MEMORIAL & RECOGNITION FORM

Alumnae Club Name: _____ Date: _____
Submitted By: _____ Email: _____

- ✓ **ANY GIFT** to Pi Beta Phi Foundation may be made in honor or memory of an individual.
- ✓ **SUBMIT** this completed form with your gift and Pi Beta Phi Foundation will send a memorial/recognition card as indicated to the honoree(s) or their family members notifying them of your thoughtful gift.

1. This gift is made in memory/recognition (circle) of:

Name: _____ Chapter/Initiation Year if applicable: _____

Please notify:

Name: _____ Chapter/Initiation Year if applicable: _____

Mailing Address: _____ City/ST (or Province)/Zip: _____

2. This gift is made in memory/recognition (circle) of:

Name: _____ Chapter/Initiation Year if applicable: _____

Please notify:

Name: _____ Chapter/Initiation Year if applicable: _____

Mailing Address: _____ City/ST (or Province)/Zip: _____

3. This gift is made in memory/recognition (circle) of:

Name: _____ Chapter/Initiation Year if applicable: _____

Please notify:

Name: _____ Chapter/Initiation Year if applicable: _____

Mailing Address: _____ City/ST (or Province)/Zip: _____

4. This gift is made in memory/recognition (circle) of:

Name: _____ Chapter/Initiation Year if applicable: _____

Please notify:

Name: _____ Chapter/Initiation Year if applicable: _____

Mailing Address: _____ City/ST (or Province)/Zip: _____

5. This gift is made in memory/recognition (circle) of:

Name: _____ Chapter/Initiation Year if applicable: _____

Please notify:

Name: _____ Chapter/Initiation Year if applicable: _____

Mailing Address: _____ City/ST (or Province)/Zip: _____

QUESTIONS? Call (636) 256-1357 or email fdn@pibetaphi.org.

TO BE INCLUDED WITH COMPLETED Alumnae Club Foundation Giving Form.

ALUMNAE CLUB FOUNDATION GIVING FORM FORM C SOFT CREDIT ALUMNAE CLUB GIVING FORM

Alumnae Club Name: _____ Date: _____

President: _____ Phone: _____ Email: _____

Address: _____ City/ST (or Province)/Zip: _____

Submitted By: _____ Phone: _____ Email: _____

- ✓ **Soft credits are checks from individuals and businesses other than your Pi Beta Phi alumnae club.** Your alumnae club can receive credit for these gifts for Fraternity requirements and in Award consideration by completing this form.
- ✓ **ALL CHECKS MUST be made payable to PI BETA PHI FOUNDATION.** DO NOT include Fraternity dues or contributions or checks made payable to the Fraternity or other third party.
- ✓ **FOR YEAR END CREDIT to the individual donor: ALL CHECKS MUST be dated by December 31 of each year AND MUST BE MAILED AND POSTMARKED by December 31** of each year in order for the Foundation to accept them and credit the donor with a year-end gift. Anything not dated and postmarked appropriately will be credited to the new year.
- ✓ **FOR FRATERNITY AWARDS CONSIDERATION/CONVENTION ALLOTMENT: A gift to each of the TWO required funds must be made by December 31.** ALL CHECKS MUST be dated by December 31 of each year AND MUST BE MAILED AND POSTMARKED by December 31.
- ✓ **This form must accompany all checks submitted to Pi Beta Phi Foundation for soft credit to your alumnae club.** Sorry, no form, no credit.

1. **ENCLOSED ARE CHECKS TOTALING \$** _____ *(ALL checks must be made payable to Pi Beta Phi Foundation)*

2. **CHOOSE ONE DESIGNATION FOR THESE GIFTS:** *(Only one designation per batch of soft credit checks, please. You may submit multiple Form C's so long as you divide/batch your soft credit checks to match each Form C submitted)*

\$ _____ Friendship Fund *(will count toward Fraternity requirement)*

\$ _____ The Literacy Fund *(will count toward Fraternity requirement)*

*Check here to submit 25% of your Literacy Fund gift and a qualifying match from the Foundation to a local nonprofit organization working in literacy. **If checked, then Form A must be completed and enclosed.***

\$ _____ OPTIONAL DONATION DESIGNATED TO _____ FUND*

*visit pibetaphi.org/foundation to learn more about our Foundationfunds.

3. **ARE THESE GIFTS IN MEMORY OR RECOGNITION OF ANYONE?**

No Yes *If yes, then **Form B must be completed and enclosed.***

4. **BY SUBMITTING THIS FORM, YOU AFFIRM that you did not provide the donors who made the enclosed donations any goods or services, and/or that such goods and services provided meet the token or insubstantial exemption as defined by the IRS Rules of Substantiation.** *(See IRS Publication 1771, available at <http://www.irs.gov/pub/irs-pdf/p1771.pdf>)*

Printed Name: _____ Office: _____

Signature: _____ Date: _____

QUESTIONS? Call (636) 256-1357 or email fndn@pibetaphi.org.

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