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Seattle Pacific
UNIVERSITY

THE SEATTLE PACIFIC ENDOWMENT APPLICATION FORM

Name _____ Spouse Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

I/We wish to contribute to the following existing endowment _____

○ Amount to be contributed \$ _____

I/We wish to contribute to a new endowment

○ Proposed name of new endowment _____

○ Purpose of new endowment

○ Amount to be contributed \$ _____

(Minimum of \$5,000 to start an endowment, \$30,000 within five years to fully fund endowment)

Source of funding (cash, stock, other) _____ If cash, please make check payable to *Seattle Pacific University*. If stock, please contact the Office of Endowments & Gift Planning, 206-281-2702, or email giftplanning@spu.edu.

I/We have read the Endowment FAQs and agree to its terms and conditions.

I/We give permission to have the name and purpose of this endowment listed in SPU publications.

Signature

Date

Spouse Signature

Date

Seattle Pacific University
Office of Endowments and Gift Planning
3307 Third Avenue West, Suite 304
Seattle, Washington 98119-1957
206.281.2702 • email: giftplanning@spu.edu