



P.E.O. Foundation
 3700 Grand Avenue
 Des Moines, IA 50312
 (515) 255-3153

Form F-EF (05-08)

ESTABLISHING A NEW FUND IN P.E.O. FOUNDATION

Please review the following forms for additional information in establishing a new fund: Form F-PD, Information for Prospective Donors; Form-OPT, Options for Establishing New Funds; Form F-ES, Requirements for Establishing a Scholarship Fund. ***If choosing the Scholarship option for your fund, please request form F-SO before completing this form.*** Copies of these forms are available from P.E.O. Foundation Trustees, Foundation Office, or the P.E.O. web site. **Make check payable to P.E.O. Foundation and send to above address with this form.**

FUND NAME _____
 NAME OF DONOR _____
 Address _____
 Phone Number _____ E-Mail _____

DATE ESTABLISHED _____ INITIAL AMOUNT \$ _____
 (A minimum amount of \$1,000 USD)

USE OF FUND (check one)

Transfer to P.E.O. International Project: (No restrictions may be designated for this option)

- Educational Loan Fund Cottey College International Peace Scholarship
- Program for Continuing Education Scholar Awards

Transfer - Undesignated Fund (Income from your fund will be transferred to the Undesignated Fund to be used for P.E.O. Projects.)

Scholarship: PLEASE REQUEST FORM F-SO BEFORE CHOOSING THIS OPTION!

Cottey College (Recipient will be attending Cottey College only)

General (Recipient may attend any school unless otherwise indicated in Special Instructions; indicate the scholarship option you have selected from form F-SO in spaces directly below; **if choosing Option B or C, please write the amount of the scholarship award/minimum principal balance in Special Instructions.**)

_____ **A** _____ **B** _____ **C**

FUND LOCATION (STATE/PROVINCE) _____ CHAPTER _____

NAME OF CONTACT PERSON _____
 Address _____
 Phone Number _____
 E-Mail _____

(We will contact this person for questions regarding the fund)

NAMES/ADDRESSES OF RECIPIENTS OF ANNUAL ACTIVITY LETTER: (maximum of 2)

 (Chapter Office Held-if applicable)

 (Chapter Office Held-if applicable)

NAME OF SCHOLARSHIP SELECTION COMMITTEE _____

SCHOLARSHIP SELECTION COMMITTEE CHAIRMAN _____

Address _____
 Phone Number _____
 E-Mail _____

SPECIAL INSTRUCTIONS-These will be considered when preparing the Statement of Operation. (Use the reverse side if necessary) _____