



FORM (FT2) ALUMNAE CLUB 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.** DO NOT include Fraternity dues or contributions or checks made payable to the Fraternity or other third party.
- ✓ **FOR FRATERNITY AWARDS CONSIDERATION/CONVENTION ALLOTMENT: A gift to each of the three required funds must be made by April 1.** ALL CHECKS MUST be dated by April 1 of each year AND MUST BE MAILED AND POSTMARKED by April 1.
- ✓ **FOR FOUNDATION TOP 10 AWARDS CONSIDERATION: Gifts must be made by June 30.** ALL CHECKS MUST be dated by June 30 of each year AND MUST ME MAILED AND POSTMARKED by June 30.
- ✓ **USE THIS FORM and, if applicable, Forms FT2-A, FT2-B or FT2-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 FT2-A must be completed and enclosed.***

\$ _____ Holt House (REQUIRED)

\$ _____ OPTIONAL OTHER GIFTS* [please check/detail designation for all that apply]

- Emma Harper Turner Fund \$ _____
- Undergraduate Scholarship Fund \$ _____
- Graduate Fellowship Fund \$ _____
- Alumnae Continuing Education Scholarship Fund \$ _____
- Arrow in the Arctic/Canadian Philanthropies Fund \$ _____

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

No Yes *If yes, then **Form FT2-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 FT2-C must be completed and enclosed.***

*Gifts to optional funds DO NOT count toward Fraternity requirements but DO count toward Top 10 Recognition from Pi Beta Phi Foundation. **QUESTIONS?** Call (636) 256-1357 or email fdn@pibetaphi.org.

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



**FORM (FT2-A)
LITERACY FUND – LOCAL IMPACT GRANT
25% NOMINATION & MATCHING GIFT REQUEST**

**THIS FORM MUST ACCOMPANY FT2 and/or FT2-C FORM 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 FT2 or FT2-C form 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 FT2-A 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 FT2 form) X 25% = _____

SOFT CREDIT GIFTS \$ _____ (Item 2, line 2 from FT2-C form) 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 organization or registered Canadian charity

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)

Mission Statement or Program Information Specific to Literacy: _____

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

TO BE INCLUDED WITH COMPLETED FT2 and/or FT2-C FORM.



FORM (FT2-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 FT2 FORM.



FORM (FT2-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 Top 10 calculations 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 three required funds must be made by April 1.** ALL CHECKS MUST be dated by April 1 of each year AND MUST BE MAILED AND POSTMARKED by April 1.
- ✓ **FOR FOUNDATION TOP 10 AWARDS CONSIDERATION: Gifts must be made by June 30.** ALL CHECKS MUST be dated by June 30 of each year AND MUST ME MAILED AND POSTMARKED by June 30.
- ✓ **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 FT2-C forms so long as you divide/batch your soft credit checks to match each FT2-C form)*

\$ _____ 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 FT2-A must be completed and enclosed.***

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

\$ _____ OTHER GIFTS* *[please check/detail designation for all that apply]*

Emma Harper Turner Fund \$ _____

Undergraduate Scholarship Fund \$ _____

Graduate Fellowship Fund \$ _____

Alumnae Continuing Education Scholarship Fund \$ _____

Arrow in the Arctic/Canadian Philanthropies Fund \$ _____

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

No Yes *If yes, then Form FT2-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: _____

*Gifts to optional funds DO NOT count toward Fraternity requirements but DO count toward Top 10 Recognition from Pi Beta Phi Foundation. **QUESTIONS?** Call (636) 256-1357 or email fdn@pibetaphi.org.

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