



Educational Foundation

Named Endowment Agreement

Supporting the APMA Educational Foundation through a named endowment is one of the most generous and meaningful ways to support our podiatric medical students and the profession. Establishing a named endowment also allows you the opportunity to place the fund in your family's name or to honor or memorialize a loved one. Your endowment will give for years to come.

Level of Endowment I/We Wish to Establish:

- Visionary - \$500,000 Founder - \$250,000 Centurion - \$100,000
 Pioneer - \$50,000 Partner - \$25,000

I/We hereby pledge and commit my/our support in the sum of \$_____ to establish a named endowment within the APMA Educational Foundation Student Scholarship Fund.

Please handle this pledge as follows:

I/We will pay this pledge in:

- One installment (*check made payable to APMA Educational Foundation*)
 Five installments of \$_____ each year for the next five years
Process first payment, beginning my 5 year commitment, on: ___/___/_____
 Please contact me to discuss a payment agreement not listed here

For recognition and student award notification purposes (public), I/We wish for the endowment to be named: _____

Name of Endowment Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

- I do not wish for the Endowment to be publicized (including Student Award Notification). Instead, the Endowment will be published as an "APMA and APMA Membership" fund and awarded as such.

I/We understand that the investment of cash or other assets to the APMA Educational Foundation are tax deductible to the fullest extent allowable by law, and there has been no benefit exchanged for this contribution.

Donor Name

Signature

Date

Fax, mail, or email this form (with applicable first or designated contribution) to:

Samantha Jorich - Development Coordinator - APMA Educational Foundation - SJJorich@APMA.org

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