



**THE BETHANY UNIVERSITY ENDOWMENT
APPLICATION FORM**

Name _____ Spouse Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Alternate Phone (cell or other): _____

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 \$10,000 within three years to fully fund endowment)

Source of funding (cash, stock, other) _____.

- If cash, please send check along with this form to: *Bethany University, Office of Advancement, 800 Bethany Drive, Scotts Valley, CA 95066.*
- If stock, please contact the Office of Advancement at (831) 438-3800, ext. 3296 for instructions.

Signature

Date

Spouse Signature

Date