



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) \_\_\_\_\_