

special occasion endowment application

(minimum gift: \$2,500)



Donor

Title _____ Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Gender M F Phone _____

Name by which recipient knows you _____

I/ We wish to establish a Special Occasion Endowment for:

Honoree

Title _____ Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gender M F Date of Birth ____/____/____

* Parent or guardian's full legal name (if honoree is a minor) _____

Honoree's Special Occasion/Holiday: _____

Date of Special Occasion: ____/____/____

Notify recipient immediately

Don't notify recipient until date of special occasion

The Gift

Check enclosed for \$ _____ (\$2,500 minimum)

Stock gift of _____

Number of shares: _____ Date Transferred ____/____/____

Date _____ Signature _____

To establish a Special Occasion Endowment, please return this form to:

Heifer Foundation

P.O. Box 727, Little Rock, AR 72203

Tel: (888) 422-1161, Fax: (501) 907-4902

e-mail: info@heiferfoundation.org

www.heiferfoundation.org

