

## ENDOWMENT CREATION FORM

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THE LOS ANGELES CITY COLLEGE FOUNDATION IS A 501(c)(3) CORPORATION DEDICATED TO PROVIDING THE STUDENTS AND FACULTY AT LOS ANGELES CITY COLLEGE WITH EDUCATIONAL ASSISTANCE IN THE FORM OF FINANCIAL AID, FACILITIES AND SERVICES.

1. Name or designation of endowment:

2. State the purpose of the endowment:

3. Amount of donation: \$ \_\_\_\_\_

4. Disbursement categories: (Please specify "Yes" or "No")

Equipment:

Computers:

Supplies:

Scholarships:

Miscellaneous:

Other:

Please describe any specifics on how you would like funds to be administered:



**L A C C F o u n d a t i o n :            E n d o w m e n t   C r e a t i o n   F o r m**

5. Which Department/Program should administer the endowment?

- Department/Program Name: \_\_\_\_\_

6. May other persons or organizations donate to the endowment?    Yes    No

7. May we release publicity on the endowment donor?    Yes    No



8. Please share the story associated with the establishment of this endowment.

**L A C C F o u n d a t i o n :                    E n d o w m e n t   C r e a t i o n   F o r m**

*This is an endowment, therefore:*

- *The Board of Directors of LACCF will invest the funds donated.*
- *The distributions are based upon interest income earned on the invested principal.*
- *The endowment may experience interruption in its yearly distribution due to market conditions.*
- *The LACCF may apply an annual 1.5% administrative fee based on the value of the endowed fund or scholarship on January 1st of the respective year.*
- *This document may be amended with the unanimous agreement of the Chair and faculty of the department or program named in line 5 of this document with the approval of the Executive Director of the Los Angeles City College Foundation.*

*Please indicate your agreement by initialing this space: \_\_\_\_\_*

All checks or properties should be made payable to:

**LOS ANGELES CITY COLLEGE FOUNDATION or LACC FOUNDATION**

Title: Dr. Mr. Mrs. Ms. (circle one)

Donor's Name:

<i>(Please print)</i>	First Name	Middle Name	Last Name
Donor's Signature	Date		
Address	City, State & Zip Code		
Social Security Number	Telephone Number		

Donation Accepted by:

Executive Director, LACC Foundation	Date
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