



Funds for Excellence Interest and Commitment Form

Part A: Contact Information

Donor(s) Name(s): _____

Contact(s) Name(s): _____

Title/Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Part B: Funds for Excellence

1. Establish an **annual fund for excellence**

An annual fund for excellence can be created with a minimum gift of \$3,000 per year for at least five years.

2. Establish an **endowed fund for excellence**

An endowed fund for excellence can be created and named with a minimum gift of \$35,000. The funds would be invested, and the interest that accrues each year would be awarded. For example, at an estimated annual interest rate of 4 percent, \$1,400 would be generated each year. The fund must earn investment income for one calendar year before it will be awarded.

3. Contribute to an **existing fund for excellence** (www.hacc.edu/excellence)

The gift would be added to the existing fund and would increase the principal, which would then increase the amount issued on an annual basis.

Name of fund for excellence: _____

Amount: \$ _____

Part C: Fund Criteria

Please list the intended effect and intended recipients (program, categorization of students, etc.) of the fund. For example, “innovative projects or needs that improve science, technology, engineering and mathematics (STEM) programs that will contribute to making a lasting impact on future jobs and the community.”

Part D: Name for New Fund for Excellence

Official name of fund for excellence: _____
In honor of: _____
In memory of: _____

Information about the individual(s) or organization(s) for which the fund is named:

Part E: Gift Amount

The total amount of the gift will be \$ _____.

The fund will be funded with an initial gift of \$ _____.

The balance will be paid in equal payments of \$ _____ over:

_____ months (*Note: You may select up to 12 months for annual fund*)

or

_____ years (*Note: You may select up to five years for endowed fund*).

My employer will match this gift. I will submit the necessary paperwork. Here is the company name: _____

Part F: Acknowledgement and Recognition

May we publicize your contribution?

Yes

No

If yes, may we include the donor name (as indicated on page 1 of this form)?

Yes

No

Part G: Signatures

Additional fund contributions may be made at any time. In the future, if the purpose of the selected fund for excellence is no longer feasible, the HACC Foundation will contact you to determine how any remaining funds should be used.

In the event your balance falls below the agreed upon amount and remains at that level for more than 12 months, the HACC Foundation reserves the right to transfer the money to an active fund. Prior to the HACC Foundation moving any money, you will be notified in writing and given 60 days from the date of notification to contribute to your fund in order for it to meet the minimum balance required.

By signing below, you agree to the terms outlined in this form. If applicable, this information will be used to develop a memorandum of understanding (MOU) with the HACC Foundation.

Donor's Printed Name *Donor's Signature* *Date*

Donor's Printed Name *Donor's Signature* *Date*

Printed Name of HACC Foundation Official *Signature of HACC Foundation Official* *Date*

Title of HACC Foundation Official

Please return this form to the ***HACC Foundation, One HACC Drive, Harrisburg, PA 17110***
or ***foundation@hacc.edu***. Thank you for your consideration!