

## Named Endowment Agreement

Your support for the APMA Educational Foundation through a named endowment is a generous and meaningful way to support our podiatric medical students and the profession. It also allows you the opportunity to place the fund in your family's name or to honor or memorialize a loved one.

### **Level of Endowment**

- Visionary - \$500,000     Founder - \$250,000     Centurion - \$100,000  
 Pioneer - \$50,000         Partner - \$25,000

I/we hereby pledge and commit my/our support in the sum of \$\_\_\_\_\_ to establish a named endowment within the APMA Educational Foundation Student Scholarship Fund.

### **Please handle this pledge as follows:**

I/We will pay this pledge in:

- One installment (check made payable to APMA Educational Foundation)  
 Five installments of \$\_\_\_\_\_ each year for the next five years  
Beginning payment on: \_\_\_\_\_

The name of the scholarship endowment for all future recognition purposes and student award notification of beneficiary is:

\_\_\_\_\_

The contact person for this named endowment is:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

This endowment may be publicized:  Yes  No

I/We understand that the investment of cash or other assets to the APMA Educational Foundation are tax deductible to the fullest extent allowable by law, and there has been no benefit exchanged for this contribution.

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax or mail this form with your contribution to:**  
Sandra F. Arez • APMA Educational Foundation  
9312 Old Georgetown Road • Bethesda, MD 20814 • Fax: 301-530-2752 • [sfarez@apma.org](mailto:sfarez@apma.org)