

# MFHA Foundation

## GIFT AGREEMENT

I/We support the MFHA Foundation ("MFHA Foundation") in its campaign to build an endowment fund with the goal to raise sufficient funds to ensure the future strength of the MFHA, Inc. ("MFHA"). The endowment, to be held by the MFHA Foundation, will be used to further MFHA's activities through the funding of existing and expanded MFHA programs, services and related operating costs.

I/We are pleased to agree to make a gift of \$\_\_\_\_\_ to the MFHA Foundation's endowment fund, to be invested and expended in accordance with the MFHA Foundation's investment and spending policies. I/We understand that MFHA and the MFHA Foundation are relying on the timely payment of this gift to meet financial obligations for the development and funding of the endowment, as well as for MFHA programs and services. This gift will be paid as follows:

Gift/Contribution Payments Will Be Made With:

\_\_\_ Cash or Check                      \_\_\_ Stocks, Bonds, Securities                      \_\_\_ Real Estate\*\*  
\_\_\_ Estate/Planned Gift\*\*                      \_\_\_ Insurance Policy\*\*                      \_\_\_ Other \_\_\_\_\_\*\*

**\*\*If you checked one of these items, please attach a copy of the document related to the contribution (e.g., the insurance policy, the portion of the trust where the contribution to MFHA Foundation is listed).**

<u>Date of Payment</u>	<u>Amount</u>	<u>Date of Payment</u>	<u>Amount</u>
1. ___/___/___	\$ _____	4. ___/___/___	\$ _____
2. ___/___/___	\$ _____	5. ___/___/___	\$ _____
3. ___/___/___	\$ _____	6. ___/___/___	\$ _____

I/We would like the MFHA Foundation to acknowledge the gift, and present additional recognition opportunities, if any, when they arise. I/We request that the gift should be acknowledged and listed as follows:

\_\_\_\_\_

I/We recognize that the MFHA Foundation and MFHA work closely together, and I/we give permission for this gift to the MFHA Foundation's endowment fund be applied toward any challenge or matching grant for which either the MFHA Foundation or MFHA is or may become eligible. I/We agree that the MFHA Foundation and/or MFHA may publicize and leverage this gift to encourage and secure increased endowment and annual giving for MFHA and/or the MFHA Foundation.

Signed:

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

Donor Information

Individual(s):

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Name(s) of Donors

---

Address

---

City, State, Zip

---

Telephone (day)

(evening)

---

Email

Foundation or Business:

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Name of Organization

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Name of Person at the Organization to Contact Relating to this Gift

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Address

---

City, State, Zip

---

Telephone (day)

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Email

MFHA Foundation is a 501(c)(3) non-profit corporation and all gifts to the Foundation may be deductible to the extent provided by state and federal laws.

Please make gifts and securities payable to:

MFHA Foundation  
P.O. Box 363  
Millwood, VA 22646