

SPECIAL PURPOSE ENTITY RENEWAL INTENT FORM

INVESTOR INFORMATION:

| Please Print Name | | Spouse's Name | | |
|--|---|------------------------------|----------------------|--|
| Mailing Address | | | | |
| Phone Number | Email Address | | Today's Date | |
| ACCREDITED INVESTOR CRITERIA (must check one): | | | | |
| income together with and | ividual income exceeded \$20 my spouse exceeded \$300,00 earn individual income of at 0,000 this year. | 0 in each of those years; | | |
| Net Worth Test: My 5 \$1,000,000. | individual net worth, or my jo | oint net worth together with | n my spouse, exceeds | |

DESIGNATION:

| Please apply my contribution as follows (check election) | | | |
|--|---|--|--|
| | Unrestricted, our area of greatest need. | | |
| | Restricted to:% Name of School | | |
| | Name of School % | | |
| | Name of School % | | |
| | Please allow 10% of my gift to be applied as Unrestricted | | |
| \$ | TOTAL CONTRIBUTION AMOUNT PER YEAR (\$5,000.00 minimum) | | |

Diocese of Allentown | Office of Education | 1425 Mountain Drive North | Bethlehem | PA | 18015 John Fierro | Program Manager - Scholarships | 610-866-0581 x2344 | jfierro@allentowndiocese.org