

SPECIAL PURPOSE ENTITY WAIT LIST INTENT FORM

INVESTOR INFORMATION: Please print name Spouse's name Mailing address Today's date Phone number Email address **ACCREDITED INVESTOR CRITERIA (must check one): Income Test:** My individual income exceeded \$200,000 in each of the two most recent years or my joint income together with my spouse exceeded \$300,000 in each of those years; I reasonably expect to earn individual income of at least \$200,000 this year or joint income with my spouse of at least \$300,000 this year. Net Worth Test: My individual net worth, or my joint net worth together with my spouse, exceeds \$1,000,000. **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)