## **ASHRAE RP: Endowed Gift**

Use this form to give a restricted RP gift via the ASHRAE Foundation

	□ Organization □ Individual		
City, State, Zip:	Name:	Contributor Number:	
Restricted RP Fund         Image: New Fund       Existing Fund         benefiting       Research       YEA       Education       General       Scholarships         If no fund is selected, the endowed gift will default to Research         Name of Fund:	Address:	Phone Number:	
<ul> <li>New Fund Existing Fund</li> <li>benefiting Research YEA Education General Scholarships If no fund is selected, the endowed gift will default to Research</li> <li>Name of Fund:</li></ul>	City, State, Zip:		
New Fund Existing Fund          benefiting       Research YEA       Education       General       Scholarships         If no fund is selected, the endowed gift will default to Research         Name of Fund:			
benefiting Research YEA Education General Scholarships   If no fund is selected, the endowed gift will default to Research   Name of Fund:    Chapter to Credit:    Chapter to Credit:    Please note that the minimum gift amount is \$3,000, payable over 3 years. For gifts less than is amount, please contact staff for details.    Check enclosed   Please charge my credit card:   Name on the card:   American Express   MasterCard   Exp. Date:	Restricted RP Fund		
If no fund is selected, the endowed gift will default to Research          Name of Fund:	New Fund     Existing Fund		
Name of Fund:	<i>benefiting</i> □ Research □ YEA □ Education □Gene	al □Scholarships	
Chapter to Credit:	If no fund is selected, the endowed gift wi	ill default to Research	
Chapter to Credit:	Name of Fund		
Amount of Gift*:         Please note that the minimum gift amount is \$3,000, payable over 3 years. For gifts less than is amount, please contact staff for details.         Check enclosed         Please charge my credit card: Name on the card:         American Express       MasterCard         Card #:       Exp. Date:			
Please note that the minimum gift amount is \$3,000, payable over 3 years. For gifts less than         is amount, please contact staff for details.         Check enclosed         Please charge my credit card:         Name on the card:         American Express         MasterCard         Visa         Card #:			
Please note that the minimum gift amount is \$3,000, payable over 3 years. For gifts less than         nis amount, please contact staff for details.         Check enclosed         Please charge my credit card:         Name on the card:         American Express         MasterCard         Visa         Card #:			
<ul> <li>amount, please contact staff for details.</li> <li>Check enclosed</li> <li>Please charge my credit card: Name on the card:</li></ul>	Amount of Gift*:	able over 3 years. For gifts less than	
<ul> <li>Please charge my credit card: Name on the card:</li> <li>American Express MasterCardVisa</li> <li>Card #: Exp. Date:</li> </ul>	• • • • • • •	able over 5 years. Tor girts less than	
<ul> <li>Please charge my credit card: Name on the card:</li> <li>American Express MasterCardVisa</li> <li>Card #: Exp. Date:</li> </ul>	Check enclosed		
American Express MasterCardVisa Card #: Exp. Date:	Please charge my credit card:		
Card #: Exp. Date:	Name on the card:		
	American Express MasterCard	Visa	
Credit card contributions may be faxed to (678) 539-2147.	Card #:	Exp. Date:	
	Credit card contributions may be faxed to (678)	539-2147.	

ASHRAE RP 180 Technology Parkway Peachtree Corners, GA 30092

I understand that this restricted RP Campaign gift will be invested by Foundation BOT and 5% income on invested funds benefiting the fund noted above.

Signature: \_\_\_\_\_