

# Barnesville Area Education Foundation

PO Box 1

Barnesville, OH 43713

## Membership Application

- I agree to become a voting member of the Barnesville Area Education Foundation and will contribute one thousand dollars (\$1,000). Enclosed is \$\_\_\_\_\_ and I will pay the balance in annual installments of \$100.
- I cannot become a voting member at this time but I hereby contribute \$\_\_\_\_\_ to the Barnesville Area Education Foundation.

I designate that my gift be used as follows:

**Trustees' Discretionary Fund** (to be used only in connection with education)

- Unrestricted
- Endowment

**Operating Fund** (to be used to meet operating expenses of the Foundation)

- Unrestricted
- Endowment

Both principle and income in unrestricted accounts may be spent. In endowment accounts, only income may be spent.

**Alumni Class of**

**Faculty or Staff**

**Friend**

**Other**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Signature** \_\_\_\_\_