



CATHOLIC DIOCESE OF
PITTSBURGH

Scholastic Opportunity Scholarship (SOS)
Special Purpose Entity Intent Form

Business Information (Please Print):

Name of Business: _____	Business Contact Person: _____
Mailing Address: _____ _____	
Email Address: _____	
Phone Number: (_____) _____	Today's Date: _____

Business Criteria (Must Check One):

<p><input type="checkbox"/> A bank as defined in Section 3(a)(2) of the Securities Act, or any savings and loan association or other institution as defined in Section 3(a)(5)(A) of the Securities Act, whether acting in its individual or fiduciary capacity.</p> <p><input type="checkbox"/> A broker or dealer registered pursuant to Section 15 of the Securities Exchange Act of 1934, as amended.</p> <p><input type="checkbox"/> An insurance company as defined in the Securities Act.</p> <p><input type="checkbox"/> A private business development company as defined in the Investment Advisors Act of 1940.</p> <p><input type="checkbox"/> A Small Business Investment Company licensed by the U.S. Small Business Administration under Section 301(c) or 301(d) of the Small Business Investment Act of 1958.</p> <p><input type="checkbox"/> A corporation or partnership, not formed for the specific purpose of joining and becoming a Member of the Company, with total assets in excess of \$5,000,000.</p> <p><input type="checkbox"/> A Massachusetts or similar business trust, not formed for the specific purpose of joining and becoming a Member of the Company, with total assets in excess of \$5,000,000.</p> <p><input type="checkbox"/> A trust with total assets in excess of \$5,000,000, not formed for the specific purpose of joining and becoming a Member of the Company, whose purchase is directed by a "sophisticated" person.</p> <p><input type="checkbox"/> An entity in which all of the equity owners are Accredited Investors.</p>
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(-Over-)



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Website: www.diopitt.org/give



Designation Options:

Please apply my contribution as follows (check election):

Unrestricted, for your area of greatest need.

Restricted to: _____ \$ _____ **OR** _____ %
Name of School

_____ \$ _____ **OR** _____ %
Name of School

_____ \$ _____ **OR** _____ %
Name of School

Please allow 10% of my gift to be applied as Unrestricted.

► **Total Contribution Amount Per Year** (\$3,000 minimum): _____

