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| **CONFLICT OF INTEREST STATEMENT** | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a director, principal officer or member of a committee with board delegated powers of the Bestowers Foundation, Inc. acknowledge and affirm that I have:   1. received a copy of the conflict of interest policy; \_\_\_\_\_\_\_\_\_\_ (initial) 2. read and understood the policy; \_\_\_\_\_\_\_\_\_\_ (initial) 3. agreed to comply with the policy; \_\_\_\_\_\_\_\_\_\_ (initial) and   understood that the Bestowers Foundation, Inc. is a tax exempt non-profit corporation and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. \_\_\_\_\_\_\_\_\_\_ (initial) | | | |
| SIGNATURE OF DIRECTOR / OFFICER | | | |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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