

## 1. Name/Type

Giving Fund Name: \_\_\_\_\_ Giving Fund

EXAMPLE: **The Smith Family Giving Fund, etc.** The Fund name and your name will appear on all Fund correspondence, as well as all correspondence that accompanies grant distributions unless you request anonymity.

Who is establishing the Giving Fund?  Individual  Family

## 2. Donor Information

### Primary Advisor

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required to access fund online): \_\_\_\_\_

### Additional Primary Advisor

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required to access fund online): \_\_\_\_\_

Unless instructed (by separate attachment), CFR will accept recommendations equally from either of the Advisors named above.

## 3. Church Affiliation

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## 4. Gift Information

Initial Gift Amount: \$ \_\_\_\_\_ (\$1,000 minimum)

Source of Initial Funding:  Check  Transfer from CFR Account # \_\_\_\_\_

ACH (Provide a copy of a voided check)  Stock Transfer (Additional form required)  Will/Living Trust

I understand this Giving Fund acts as a Donor-Advised Fund, owned by Christian Financial Resources. The assets of the Fund will be distributed exclusively for charitable purposes and shall be administered pursuant to the governing instruments of CFR as they may be amended from time to time.

I understand a written recommendation to qualified ministries is required to send grants from my fund. I understand that no grants may be made to private non-operating foundations, to satisfy a pre-existing pledge, for any private benefit (dues, benefit tickets, tuition, etc.) or to support any political campaign activities.

While grant recipients need not be specifically independent Christian Church in origin or mission, no grant will be given to organizations whose mission conflicts with traditional evangelical Christian values.

I also understand that CFR retains full unlimited control and the final authority to determine the amount and recipient of any grant. I understand that my gift is irrevocable and non-refundable once it has been accepted by Christian Financial Resources.

## 5. Successor Advisors

Please list individuals who will have advisory rights in the event of your disability or demise.

	<i>SUCCESSOR ADVISOR</i>	<i>SUCCESSOR ADVISOR</i>
Name:	_____	_____
Address:	_____	_____
SSN#:	_____	_____
Date of Birth:	_____	_____
Phone:	_____	_____
Email:	_____	_____
Relationship to Donor:	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____

Donor-imposed instructions for successor advisors to follow: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Signatures

I acknowledge that I have read CFR's Terms and Conditions and agree to the terms and/or conditions described therein. I understand that in order to qualify as a deductible contribution for income tax purposes, Christian Financial Resources will fully own all contributed assets, and that earnings on the investment will be allocated to the Giving Fund. Further, I understand that my communication regarding the Fund is advisory only and that ultimate decisions and control, relative to each of these issues, are that of Christian Financial Resources. This agreement shall be binding on the Advisor(s), the Advisor's named successor(s) and the Advisor's personal representatives, heirs, and assigns.

<b>DATE:</b> _____	<b>DATE:</b> _____
<b>PRINT NAME:</b> _____	<b>PRINT NAME:</b> _____
<b>SIGNATURE:</b> _____	<b>SIGNATURE:</b> _____
<b>MOTHER'S MAIDEN NAME:</b> _____	<b>MOTHER'S MAIDEN NAME:</b> _____