

1. Giving Fund

Name of Family Giving Fund: _____ Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

- CFR must review and approve each recommendation. Upon receipt of your recommendation, CFR will qualify the organization by reviewing the organization's mission statement to verify its purposes are consistent with the charitable and ministry purposes of Christian Financial Resources. CFR will also verify the organization's tax-exempt status.
- You may request a grant by completing this form and emailing it to stewardship@cfministry.org. Or, mail it to CFR, 1485 International Pkwy, Suite #3001, Lake Mary, FL 32746. (Please do not email and mail.)

Recommended By (please print): _____ Phone: _____

2. Recommended Recipient Organization

Ministry: _____ EIN/Tax ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Total Amount of Grant: \$ _____

Specific Recommendation (if applicable): _____

Do you wish this grant to be anonymous? Yes No

Payment Frequency One-Time Monthly Quarterly Annual

3. Signatures

By signing this form below, I (we) agree to the following terms and conditions. I understand and acknowledge that a grant must directly and fully support a Christian ministry charitable program and CFR will not approve any recommendation intended to:

- Fulfill a pledge that I have already made for any goods or services that will benefit me (us).
- Pay for attendance at events, such as galas, luncheons, golf outings, attendance or goods at charitable auctions; pay for memberships; or other goods and services.
- Benefit myself (us) or a specific individual or pay tuition for a specific individual.
- Support political campaigns or lobbying activities.
- Support a private non-operating foundation.

I understand and acknowledge that I cannot claim a charitable deduction for grants made from my (our) Giving Fund, as I have already been receipted when I established my fund.

GIVER SIGNATURE: _____ **DATE:** _____

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