



DESIGNATED FUND

Individual Donor Application

A Designated Fund allows the donor to identify an organization or organizations he or she wishes to provide with annual income. Lutheran Legacy Foundation makes annual distributions from the fund to the specified charitable organizations.

FIRST DONOR

Full Name: __Mr. __Ms. __Mrs. __Miss _____

Date of Birth: _____ **Social Security:** _____

Religious Affiliation: Lutheran ☐ Other ☐ If other, please specify: _____

First Donor's Primary Address:

Street: _____ **City/State/ZIP:** _____

Business Phone: _____ **Home Phone:** _____

Email: _____

SECOND DONOR

Full Name: __Mr. __Ms. __Mrs. __Miss _____

Date of Birth: _____ **Social Security:** _____

Religious Affiliation: Lutheran ☐ Other ☐ If other, please specify: _____

First and second donor's relationship: _____

(Spouse, child, friend, etc.)

Second Donor's Primary Address (if different from first donor):

Street: _____ **City/State/ZIP:** _____

Business Phone: _____ **Home Phone:** _____

Email: _____

Alternate Address: (if applicable)

Street: _____ City/State/ZIP: _____

Business Phone: _____ Home Phone: _____

Fax #: _____ Email: _____

Additional Contacts: (those authorized to discuss your gift with Foundation staff)

Financial Advisor: _____ Phone/Email: _____

Attorney: _____ Phone/Email: _____

Accountant: _____ Phone/Email: _____

Other: _____ Phone/Email: _____

Relationship of "other" to donor: _____

NAME OF FUND

As the fund donor you have the privilege of naming your fund. You may name it for yourself, your family, or someone else. Please write the name of your charitable fund below:

DESIGNATION OF FUNDS

\$5,000 minimum per designation.

Check below all that may apply:

- ☐ Percent of fund to be donated each year ____%. (may not exceed 5%)
- ☐ The fund balance may fall below the principal amount.
- ☐ Never let fund balance fall below principal amount.

1) Name of organization to receive income:

(Congregation, School, or other Lutheran Charitable Agency)

EIN Number (required by IRS): _____

***for help with EIN number, contact Lutheran Legacy Foundation.

Street Address

City/State/Zip

Telephone:

Percent of annual donation to be given to this organization ____%

Purpose (Do you have a specific way you wish the organization to use your donation?)



2) Name of organization to receive income:

(Congregation, School, or other Lutheran Charitable Agency)

EIN Number (required by IRS): _____

***for help with EIN number, contact Lutheran Legacy Foundation.

Street Address _____

City/State/Zip

Telephone:

Percent of annual donation to be given to this organization ____%

Purpose: (Do you have a specific way you wish the organization to use your donation?)

3) Name of organization to receive income:

(Congregation, School, or other Lutheran Charitable Agency)

EIN Number (required by IRS): _____

***for help with EIN number, contact Lutheran Legacy Foundation.

Street Address _____

City/State/Zip

Telephone:

Percent of annual donation to be given to this organization ____%

Purpose: (Do you have a specific way you wish the organization to use your donation?)

******Please use a separate sheet of paper if more than three organizations will be designated.**

Contingent Beneficiary: In case the charity/charities you selected cease to exist or lose their tax-exempt status, you may select a contingent beneficiary. (Please note: If a contingent beneficiary is not selected, that percentage of the annual donation will become an Unrestricted Fund and will be used for the support of Lutheran Legacy Foundation, Inc.)

Contingent Beneficiary Name: _____

Street Address _____

City/State/Zip _____

DISCLOSURE

I hereby give permission to have the name and purpose of my fund disclosed in Lutheran Legacy Foundation, Inc. publication ☐ Yes ☐ No

I wish to have the name of my fund disclosed to benefiting charities. ☐ Yes ☐ No

ASSETS

Please indicate the amount of your monetary charitable gift: _____

Charitable gifts may be made using a variety of different assets. Contact Lutheran Legacy Foundation if you would like to donate through other assets such as securities, real estate, life insurance, etc.

GIFT ACKNOWLEDGEMENT

I hereby acknowledge that I intend to make an irrevocable gift to the Lutheran Legacy Foundation, Inc. as described in this application.

With my gift, I understand that I will be transferring all ownership and legal control to the Foundation, subject to normal acceptance by an officer of the Foundation, for allocation to a permanent charitable fund at the Foundation. I understand that grants from the fund will be distributed to IRS-qualifying charities in accordance with my wishes, subject to Foundation policies.

Donor's Signature

Date

Donor's Signature

Date

PROPER CONSIDERATION

The assets used to establish your endowment are tax deductible. Therefore, they are non-refundable. Please consider whether or not your gift will cause you financial hardship. The Foundation encourages you to consult with your financial advisor to make sure this is not the case.

To the best of my knowledge this donation will not cause financial hardship.

Donor's Signature

Date

Donor's Signature

Date

SEND YOUR FUND APPLICATION

Once your Fund Application is completed, please send, fax, or email it to the Foundation. A final Fund Agreement will be sent to you.

Mailing address: LUTHERAN LEGACY FOUNDATION, Inc.
P.O. Box 31
Paris, IL 61944

Office phone: 217-463-8202

E-mail: llf@lutheranlegacyfoundation.org