



Individual Donor Application

Designated Fund

First Donor	
Full Name:	<div>Mr. Ms. Mrs. Mrs.</div>
Date Of Birth:	Social Security:
Religious Affiliations:	<div>Lutheran Other</div> <div><i>(If other please specify)</i></div>
First Donor's Primary Address:	
Street:	City/State/Zip:
Business Phone:	Home Phone:
Email:	

Second Donor	
Full Name:	<input type="text"/> Mr. <input type="text"/> Ms. <input type="text"/> Mrs. <input type="text"/> Mrs.
Date Of Birth:	Social Security:
Religious Affiliations:	<input type="text"/> Lutheran <input type="text"/> Other <small>(If other please specify)</small>
First & Second Donor's Relationship:	
<small>(Spouse, child, friend, etc.)</small>	
Second Donor's Primary Address <small>(if different from first donor):</small>	
Street:	City/State/Zip:
Business Phone:	Home Phone:
Email:	

Additional Fund Information

Alternate Address *(if applicable)*:

Street:

City/State/Zip:

Business Phone:

Home Phone:

Fax:

Email:

Additional Contacts *(if applicable)*:

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:

(Name of Fund)

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?)

Designation of Funds Continued

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. publications.

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:

Gift Acknowledgement

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:

Submit Completed Forms:

Please submit completed forms via one of the following:

email to:

LLF@lutheranlegacyfoundation.org

mail to:

**Lutheran Legacy Foundation
P.O. Box 31
Paris, IL 61944**