Organization Agency Fund Application

Your Organization/Congregation:

Name: _____

Religious Affiliation: ☐ LCMS ☐ ELCA ☐ WELS ☐ Other: _____

Organization's Tax ID Number: _____

Organization Address: _____

City: _____ State: _____ ZIP:_____

Telephone: (____) _____ Fax: (____) _____

E-mail:_____

Your Fund's Name: _____

Your Fund's Purpose: *(There may be more than one purpose. The purpose may be general or specific. Part of the fiduciary duty of the LLF is to determine that disbursements are made according to the purpose of the fund.)**:***

P.O. Box 31 | Paris, IL 61944 | Phone: 217-463-8202 | Fax: 217-466-1017 | LutheranLegacyFoundation.org | LLF@LutheranLegacyFoundation.org

Initial Gift Amount: $ _____

Notes:

Disclosure in Foundation Publications:

From time to time, the Foundation publishes information about funds that have been established. Foundation publications include an annual report, newsletters, brochures and other written material, plus its Web site. Please indicate below whether or not you permit your fund to be recognized in Foundation publications. If no box is checked, the Foundation assumes the organization wishes to remain anonymous in Foundation publications.

We authorize the Lutheran Legacy Foundation to publicize our fund by its fund name in Foundation publications.

Governing Committee of the Fund*:

Name of the Governing Committee: _____

List all members of the Committee:

Name, address, and phone number of Committee contact person:

Alternate contact person, address, and phone number:

P.O. Box 31 | Paris, IL 61944 | Phone: 217-463-8202 | Fax: 217-466-1017 | LutheranLegacyFoundation.org | LLF@LutheranLegacyFoundation.org

How is the governing body chosen?

**It is the responsibility of the Organization to notify the Lutheran Legacy Foundation when changes in the Governing Committee are made.*

Intended Distribution:

(The standard distribution is 5% per year.)

Please check one: ☐ Annually ☐ Semi-annually ☐ Quarterly

☐ At the request of the Governing Committee

Contingent Charitable Beneficiary:

Please indicate how your fund is to be directed should you lose your tax-exempt status or are no longer a viable organization by selecting one of the following options. If no box is checked, the Foundation assumes your selection to be to the LLF Community Fund.

☐ To be contributed to the LLF Community Fund

☐ To be contributed to a Lutheran Field of Interest (name field(s) of interest):

_____

☐ To be contributed to a specific Lutheran organization as an endowment in LLF ☐ (name organization):

_____

P.O. Box 31 | Paris, IL 61944 | Phone: 217-463-8202 | Fax: 217-466-1017 | LutheranLegacyFoundation.org | LLF@LutheranLegacyFoundation.org