



## DESIGNATED FUND

### 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. \_\_\_\_\_

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: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

## SECOND DONOR

Full Name:  Mr.  Ms. \_\_\_\_\_

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: \_\_\_\_\_

Fax #: \_\_\_\_\_ 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 for 1st designation. For a 2nd designation to be made the 1st must reach \$10,000. A 2nd designation may then be made with an additional \$10,000 donation.*

Check below all that may apply:

- Percent of fund to be donated each year \_\_\_\_\_%. (May not exceed 5%)
- Never let fund balance drop below principle balance.

**1) First Designation:**

Name of Organization

\_\_\_\_\_  
(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 \_\_\_\_\_%

**2) Second Designation (\$10,000 minimum addition to the Fund):**

Name of Organization \_\_\_\_\_

(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 \_\_\_\_\_ %

**3) Third Designation (\$10,000 minimum addition to the Fund):**

Name of Organization \_\_\_\_\_

(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 \_\_\_\_\_ %

**\*\*\*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 be directed by the Board of Lutheran Legacy Foundation.)

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





## 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 Fax: 217-466-1017

E-mail: [llf@lutheranlegacyfoundation.org](mailto:llf@lutheranlegacyfoundation.org)