



Family Gift Fund

Donor-advised Fund

Instructions: Print out all pages and read carefully. Fill out the entire application. Mail the application along with your gift to:

Gift Processing – 2nd Floor
The LCMS Foundation
1333 S. Kirkwood Rd.
St. Louis, MO 63122-7295

Please contact The LCMS Foundation at **1-800-325-7912** if you have any questions or concerns. If you want to use **publicly traded securities** as a gift, please contact The LCMS Foundation for further instructions.

APPLICATION

1. Donor(s): *(If husband and wife intend to be joint Donors and also initial Advisors, one individual needs to be the spokesperson. List the spokesperson as the first donor below.)*

Title	Name	Title	Second Name <i>(if applicable)</i>
	Date of Birth	Social Security No.	Date of Birth
	Social Security No.	Social Security No.	Social Security No.
Street Address	City	State	Zip
Primary Phone No.	Secondary Phone No.	Congregation	

2. Bible Verse to Begin Agreement _____ Psalm 111:10 _____ Other: _____

3. Name of Fund: _____

4. Initial Contribution: \$ _____

5. Funding Asset: _____ Cash

_____ Publicly Traded Securities

_____ Other: Please contact The LCMS Foundation or a Gift Planning Counselor

Who currently holds legal title to the funding asset? _____

6. Initial Advisor(s) _____ Donor(s) will be initial Advisor(s) in the order listed above.

_____ Donor(s) will not be Advisor(s).

7. Other Advisor(s): *(Only one person at a time may be the Advisor.)*

_____ There are no Advisors other than the Donor(s).

_____ Advisor(s) other than Donor(s) are listed on the next page in the order they serve.

8. Other Advisor(s) continued:

<p>a. _____</p> <p>Title Name of 1st Advisor</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip + 4</p> <p>_____</p> <p>Phone Number Relationship to Donor</p>	<p>b. _____</p> <p>Title Name of 2nd Advisor (if applicable)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip + 4</p> <p>_____</p> <p>Phone Number Relationship to Donor</p>
<p>c. _____</p> <p>Title Name of 3rd Advisor (if applicable)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip + 4</p> <p>_____</p> <p>Phone Number Relationship to Donor</p>	<p>d. _____</p> <p>Title Name of 4th Advisor (if applicable)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip + 4</p> <p>_____</p> <p>Phone Number Relationship to Donor</p>

9. Yes or No Does the gift represent less than 1/5 of your entire estate, not including the house and any life insurance policies?

10. Yes or No Have you consulted an attorney regarding this gift?

11. Yes or No I/We have read "How Does A Family Gift Fund Work" and I/we understand that the Foundation has exclusive legal control over the fund and that there will be a 1.1% annual distribution from the fund to support the mission of the Foundation.

12. To assist the Foundation with investment selection, please share the Donors current plans for distribution requests:

_____ All or a large portion of Fund in 6 months: ___ Undecided
 _____ less

_____ Income only ___ Other: _____

Signature Date Signature (second name if applicable) Date

**DONOR ADVISED FUND
DISTRIBUTION REQUEST FORM**

LCMS Foundation
Attention: Donor Advised Fund Administrator
1333 S. Kirkwood Avenue
St. Louis, MO 63122-7295

Donor Advised Fund Name: _____ **Dated:** _____

Account No. for the Fund: _____

Dear Donor Advised Fund Administrator:

___ I am the Initial Donor/Advisor, *or*

___ I am the Successor Advisor,

And I request that the Foundation make a Distribution of \$ _____ to the following organization(s):

1. \$ _____ to Name: _____

Address: _____

City, State, Zip: _____

(Select one:) ___ Gift is unrestricted.

___ Gift is to be used for: _____

(Optional:) ___ Gift is to be anonymous.

___ Gift is given in memory of: _____

2. \$ _____ to Name: _____

Address: _____

City, State, Zip: _____

(Select one:) ___ Gift is unrestricted.

___ Gift is to be used for: _____

(Optional:) ___ Gift is to be anonymous.

___ Gift is given in memory of: _____

