



**FAMILY GIFT 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: \_\_\_\_\_



3. \$ \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_ Additional ministries are listed on an attachment. \_\_\_\_\_ There are no other ministries named.

**Please make the above Distributions: (Select one.)**

\_\_\_\_\_ As soon as possible.

\_\_\_\_\_ At the end of \_\_\_\_\_, \_\_\_\_\_ .  
Month Year

\_\_\_\_\_ On a standing/recurring basis, as follows:

\_\_\_\_\_ monthly, at the end of \_\_\_\_\_, \_\_\_\_\_ .  
Month Year

\_\_\_\_\_ quarterly, at the end of \_\_\_\_\_ March, \_\_\_\_\_ June, \_\_\_\_\_ September, \_\_\_\_\_ December, \_\_\_\_\_ .  
Year

\_\_\_\_\_ semi-annually, ending June 30, \_\_\_\_\_ .  
Year

\_\_\_\_\_ annually, at the end of \_\_\_\_\_, \_\_\_\_\_ .  
Month Year

It is my understanding that each of the organizations is tax-exempt organization as defined in the above described Agreement. In the event that the Foundation does not have sufficient information to confirm the tax-exempt status of the organization, I agree to provide the Foundation with such information from the organization, as the Foundation shall request. The above requested Distribution, if approved, will not result in the payment of any personal pledge or other financial obligation of mine, nor in any personal benefit to me.

I understand that the Distribution will be enclosed in a letter directing the organization to return the Distribution if some part or all of the Distribution would otherwise be used to provide a personal benefit to the Donor or anyone related to the Donor (such as for membership dues, tuition, benefit tickets, or purchased at an auction) or for a purpose that is not consistent with the mission of the Lutheran Church—Missouri Synod.

I understand that this Request is a recommendation only and does not obligate the Foundation in any way, and that the final decision as to Distributions from the Fund is within the sole discretion of the Foundation.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date