

1. Account Information

Giving Fund Name	:			Giving Fund
			name and your name will appear o es grant distributions unless you re	
Who is establishing t	he Giving Fund? 🛛	Church 🗌 Ministry] Organization	
Legal Name:		Federal Tax Identification (FEIN):		
			State:	
2. Corporate Adv	visors			
Primary Advisor				
	First Name:		Last Name:	
		rst Name:Last Four of SSN#:Last Name:Last Four of SSN#:		
			State:	
		Email (required to access fund online):Email (required to access fund online):		
Joint Advisor				
Title:	_First Name:		Last Name:	
			\#:	
Address:		City:	State:	Zip:
Phone:		Email (required	to access fund online):	
Joint Advisor				
Title:	_First Name:		Last Name:	
		Last Four of SSN#:		
Address:		City:	State:	Zip:
Phone:		Email (required to access fund online):		
Joint Advisor				
Title:	_First Name:	Last Name:		
Address:		City:	State:	Zip:

Unless instructed (by separate attachment), CFR will accept recommendations equally from either of the Advisors named above.

__Email (required to access fund online):__

Phone:

3. Church Affiliation

Church Name:

4. Gift Information

Initial Gift Amount: \$_____(\$1,000 minimum)

Source of Initial Funding: Check Transfer from CFR Account #_

 \Box ACH (Provide a copy of a voided check) \Box Stock Transfer

I (we) understand this Giving Fund acts as a Donor-Advised Fund, owned by Christian Financial Resources. The assets of the Fund will be distributed exclusively for charitable purposes and shall be administered pursuant to the governing instruments of CFR as they may be amended from time to time.

City:

I (we) understand a written recommendation to qualified ministries is required to send grants from my fund. I (we) understand that no grants may be made to private non-operating foundations, to satisfy a pre-existing pledge, for any private benefit (dues, benefit tickets, tuition, etc.) or to support any political campaign activities.

While grant recipients need not be specifically independent Christian Church in origin or mission, no grant will be given to organizations whose mission conflicts with traditional evangelical Christian values.

I (we) also understand that CFR retains full unlimited control and the final authority to determine the amount and recipient of any grant. I (we) understand that my gift is irrevocable and non-refundable once it has been accepted by Christian Financial Resources.

5. Signatures

I (we) acknowledge that I (we) have read CFR's Terms and Conditions and agree to the terms and/or conditions described therein. I (we) understand that in order to qualify as a deductible contribution for income tax purposes, Christian Financial Resources will fully own all contributed assets, and that earnings on the investment will be allocated to the Giving Fund. Further, I (we) understand that my communication regarding the Fund is advisory only and that ultimate decisions and control, relative to each of these issues, are that of Christian Financial Resources. This agreement shall be binding on the Advisor(s), the Advisor's named successor(s) and the Advisor's personal representatives, heirs, and assigns.

DATE:	DATE:
PRINT NAME:	PRINT NAME:
SIGNATURE:	SIGNATURE:
MOTHER'S MAIDEN NAME:	MOTHER'S MAIDEN NAME:

State:

□ Will/Living Trust