

1. Name/Type

Giving Fund Name: _____ Giving Fund

EXAMPLE: **The Smith Family Giving Fund, etc.** The Fund name and your name will appear on all Fund correspondence, as well as all correspondence that accompanies grant distributions unless you request anonymity.

Who is establishing the Giving Fund? Individual Family

2. Donor Information

Primary Advisor

Title: _____ First Name: _____ Initial: _____ Last Name: _____

Date of Birth: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email (required to access fund online): _____

Additional Primary Advisor

Title: _____ First Name: _____ Initial: _____ Last Name: _____

Date of Birth: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email (required to access fund online): _____

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

3. Church Affiliation

Church Name: _____ City: _____ State: _____

4. Gift Information

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

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

ACH (Provide a copy of a voided check) Stock Transfer Will/Living Trust

I 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.

I understand a written recommendation to qualified ministries is required to send grants from my fund. I 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 also understand that CFR retains full unlimited control and the final authority to determine the amount and recipient of any grant. I understand that my gift is irrevocable and non-refundable once it has been accepted by Christian Financial Resources.

5. Successor Advisors

Please list individuals who will have advisory rights in the event of your disability or demise.

	<i>SUCCESSOR ADVISOR</i>	<i>SUCCESSOR ADVISOR</i>
Name:	_____	_____
Address:	_____	_____
SSN#:	_____	_____
Date of Birth:	_____	_____
Phone:	_____	_____
Email:	_____	_____
Relationship to Donor:	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____

Donor-imposed instructions for successor advisors to follow: _____

6. Signatures

I acknowledge that I have read CFR's Terms and Conditions and agree to the terms and/or conditions described therein. I 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 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: _____