



600 PORTLAND AVE S, SUITE 5100, MINNEAPOLIS, MINNESOTA 55415
inFaithFound.org p 800.365.4172 f 612.844.4109

NEW GIFT FORM (for gifts from new donors to existing charitable funds)

First Donor

Full Name: _____ Mr. Ms. Mrs. Miss
Date of Birth: ____/____/____
Religious Affiliation (optional): _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Second Donor (if applicable)

Full Name: _____ Mr. Ms. Mrs. Miss
Relationship to first donor: _____ Date of Birth: ____/____/____
Religious Affiliation (optional): _____
Address (if different): _____
City/State/Zip: _____
Phone (if different): _____ Fax: _____
Email (if different): _____

Type of Gift

Type of Asset and \$ Value: _____

Gift Designation

Please indicate the charitable fund to which you're making a gift

- Existing Fund: _____
- InFaith Community Fund
- InFaith Field of Interest Fund:
 - Disaster Response Fund
 - Education Fund
 - Health Services Fund
 - Human Services Fund
 - ELCA & Related Organizations Fund
 - LCMS & Related Organizations Fund
 - WELS & Related Organizations Fund
 - Ecumenical/Interfaith Fund

Gift Disclosure

Disclosure in Foundation publications. From time to time, gift and fund information is published in Foundation publications such as the annual report, newsletters and social media. Check one of the boxes to indicate your disclosure preference. If no box is checked, the Foundation assumes you wish to remain anonymous at all times.

- Okay to publish in Foundation publications
- Okay to publish in Foundation publications after death
- Never publish

Disclosure to Benefiting Charities. Indicate your wishes for disclosure to benefiting charities by checking one of the boxes below. If no box is checked, the Foundation assumes you wish to remain anonymous at all times.

- Disclose gift to benefiting charities upon receipt of the signed Fund Addendum
- Disclose gift to benefiting charities with the first grant distribution(s)
- Disclose to benefiting charities after death
- Never disclose to benefiting charities

To change disclosure preferences in the future, please call the InFaith for forms and instructions.

Gift Acknowledgement

I hereby acknowledge that I intend to make an irrevocable gift to InFaith Community Foundation. 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 InFaith Fund.

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Gift Advocate Information *(applicable if someone assisted you in making this gift)*

Professional Advisor Name: _____

Affiliated Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please make checks payable to InFaith Community Foundation.

Return Completed Form:

Mail: InFaith Community Foundation
600 Portland Avenue South, Suite 5100
Minneapolis, Minnesota 55415
Fax: 612-844-4109