

NEW GIFT FORM *(for new gifts to existing funds)*

First Donor

Full Name: _____ Mr. Ms. Mrs. Miss

Date of Birth: ____/____/____

Religious Affiliation *(optional)*: ELCA LCMS WELS Other: _____

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)*: ELCA LCMS WELS Other: _____

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 Foundation Fund to which you wish to make 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 Foundation 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. I understand a portion of the fund will be distributed annually to qualifying charities, subject to Foundation policies.

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: _____

Return Completed Form:

Mail: InFaith Community Foundation
625 Fourth Avenue South, Suite 1500
Minneapolis, Minnesota 55415

Fax: 612.844.4109