CREATE YOUR ENDOWMENT FUND
INFAITH GIFT ADVOCATE CODE OF ETHICS

The purpose of this code is to encourage responsible charitable gift planning by all who are active in advocating gifts to benefit InFaith Community Foundation. Professional advisors, such as gift planners, insurance agents, financial advisors, board members and InFaith staff, are collectively referred to as “Gift Advocates.”

PHILANTHROPIC MOTIVATION
First and foremost, charitable gifts should always be made with a desire on the part of the donor to support the humane work of charitable institutions.

TRUST
A Gift Advocate will act with fairness, honesty, integrity and openness, and shall strive at all times to represent and promote the concept of Christian stewardship.

PROFESSIONALISM
A Gift Advocate shall advise donors only in areas in which he or she is qualified. Acting in the interest of InFaith, the donor shall be encouraged to discuss proposed gifts with legal and tax advisors of the donor’s choice.

PRIVACY
A Gift Advocate will not share, sell or exchange donor names, addresses, email addresses or telephone numbers. Disclosures regarding gifts will be made only to those parties specifically noted by the donor.

EXPLANATION OF GIFTS
A Gift Advocate shall make every effort to ensure that donors receive a full explanation of how the proposed gift works on their behalf.

FINANCIAL AND TAX IMPLICATIONS
Congress has provided tax and financial incentives for charitable giving. To that end, the emphasis in this statement on philanthropic motivation in no way minimizes the necessity and appropriateness of a full and accurate explanation by the Gift Advocate of those incentives and their implications for the donor.

FULL DISCLOSURE
The role and relationship of all parties involved in the making and distribution of gifts shall be fully disclosed to the donor.

FULL COMPLIANCE
A Gift Advocate shall comply with all applicable federal and state laws and regulations at all times.

COMPENSATION
Payment of finder’s fees, commissions or other fees by InFaith to a Gift Advocate as a condition for the delivery of a gift is never appropriate.

AFFIDAVIT
As an InFaith Gift Advocate, I hereby pledge to abide by and adhere to the ethical standards, practices and principles documented here.
ENDOWMENT FUND WORKBOOK

Any church or faith-based nonprofit organization can create a flexible fund to grow a permanent source of support for the future. If you have questions about creating your endowment fund at InFaith Community Foundation, call 800.365.4172.

YOUR ORGANIZATION/CHURCH

Organization name

Faith affiliation

Organization’s tax ID number

Date of incorporation  ____________________________________  State of incorporation  _____________________________________

Organization address

City/State/Zip  _____________________________________________________________________________________________________

Phone  _________________________________________________   Fax  _____________________________________________________

Name of Clergy/Executive Director  ___________________________________________________________

O  Mr.  O  Ms.  O  Mrs.  O  Miss  O  Rev.  O  Other  ___________________________________________________________

YOUR ENDOWMENT FUND

Fund name

Fund purpose  O  Endowment  O  Other – please describe  ___________________________________________________________

Initial gift amount  $ ________________________    Notes:  ______________________________________________________________

The minimum initial gift is $25,000. Additional gifts of $1,000 or more are welcome at any time.

INVESTMENT SELECTION

You have the option to select your fund’s investment allocation. If no box is checked, assets will be invested in the Mission Growth Portfolio.

Custom Allocation with quarterly rebalancing  (Please state allocation in whole numbers; must total 100%)

PORTFOLIO OPTIONS

INVESTMENT OBJECTIVES

____% Core Growth Portfolio

85% equities / 15% fixed income

Invested for growth and maximum sustained support far into the future

____% Mission Growth Portfolio

85% equities / 15% fixed income

Invested for growth and maximum sustained support through investments aligned with mission for positive outcomes throughout our shared community

____% WomenInvest Portfolio

75% equities / 25% fixed income

Invested to provide maximum support to charities through investments that do well when women do well by addressing factors that perpetuate violence against women

____% Income Portfolio

100% fixed income

Invested for stability and maximum distributions within a shorter time horizon

As per IRS regulations, investment recommendations are advisory only and InFaith may, at its sole and absolute discretion, follow or decline to follow your recommendation. InFaith may at any time, at its sole and absolute discretion, change the investment of all or any portion of the assets in the fund. Upon acceptance of your recommendation, the investments will be administered in accordance with the financial policies of InFaith. Investments are subject to normal market and interest rate fluctuation risks, and any gain or loss generated by the above investments will be reflected accordingly in the fund’s value. You may change your investment selection should your endowment needs change.
YOUR FUND’S ADVISOR
Please provide both name and title as it pertains to the fund (example: John Doe, Endowment Committee Chair).

Name of Fund Advisor _____________________________________________________________________________________________

Title ____________________________________________________________________________________________________________

Preferred phone ____________________________ ○ Home ○ Cell ○ Business

Email ___________________________________________________________________________________________________________

DISCLOSURE IN INFAITH PUBLICATIONS
From time to time, InFaith publishes fund names in publications such as the annual report, newsletters, social media and other communications. Please indicate below whether or not you permit your fund to be recognized in online and/or print publications. If no box is checked, InFaith assumes the organization wishes to remain anonymous in InFaith publications.

☐ We authorize InFaith to publicize our fund by its fund name in InFaith publications.

CONTINGENT CHARITABLE BENEFICIARY
Please indicate how your fund is to be directed should you lose your tax-exempt status or are no longer a viable organization. If no box is checked, InFaith assumes your recommendation to be the InFaith Community Fund.

☐ InFaith Community Fund

☐ One or more InFaith Field of Interest Fund(s):
  ☐ Disaster Response
  ☐ Education
  ☐ Health Services
  ☐ Human Services
  ☐ ELCA and related organizations
  ☐ LCMS and related organizations
  ☐ WELS and related organizations
  ☐ Ecumenical/Interfaith

☐ Other _______________________________________________________________________________________________________

Additional Notes __________________________________________________________________________________________________
_________________________________________________________________________________________________________________

SEND YOUR FUND WORKBOOK
Once your Fund Workbook is completed, please send it to:

InFaith Community Foundation
600 Portland Avenue South, Suite 5100
Minneapolis, Minnesota 55415

If you have questions:
phone: 800.365.4172   email: contact@inFaithFound.org   fax: 612.844.4109

Upon receipt of the completed booklet, InFaith will prepare a Fund Agreement that reflects your endowment interests. To ensure your wishes are stated correctly, this Fund Agreement must be reviewed and signed before your gift is made.
PROFESSIONAL ADVISOR INFORMATION

This section is to be completed by the organization’s professional advisor, when a professional advisor is part of the gift process. The professional advisor must review the InFaith Gift Advocate Code of Ethics and sign the acknowledgement below. Once this workbook is received by InFaith, a Fund Agreement will be prepared for the signature authorized by the organization. The Fund Agreement will be sent to the organization’s Fund Advisor and a copy to the professional advisor.

Professional advisor’s name ____________________________________________________  RFO # ______________________________
Street ___________________________________________________________________________________________________________
City/State/Zip ____________________________________________________________________________________________________
Phone ______________________________________________  Fax  ________________________________________________________
Email address   ____________________________________________________________________________________________________
Notes or special instructions ________________________________________________________________________________________
_________________________________________________________________________________________________________________

Additional professional advisor assisting with gift if applicable

Professional advisor’s name ____________________________________________________  RFO # ______________________________
Street ___________________________________________________________________________________________________________
City/State/Zip ____________________________________________________________________________________________________
Phone ______________________________________________  Fax  ________________________________________________________
Email address   ____________________________________________________________________________________________________
Notes or special instructions ________________________________________________________________________________________
_________________________________________________________________________________________________________________

ACKNOWLEDGEMENT OF ETHICAL PLEDGE

I have read the InFaith Gift Advocate Code of Ethics and agree to abide by the principles stated therein.

__________________________________________     ____________________________
Signature of professional advisor                                                                                     Date

__________________________________________     ____________________________
Signature of additional professional advisor                                                                            Date