

Mail completed form to: ELCA Foundation; 8765 W. Higgins Road; Chicago, IL 60631

## ELCA Foundation Application Form

*please type or print*

### Types of Gifts

- Outright gift
- Charitable Gift Annuity (\$1000 minimum)
- Deferred Payment Gift Annuity (\$1000 minimum)
- College Option Gift Annuity (\$1000 minimum)
- Pooled Fund #1 (growth) (\$2500 minimum)
- Pooled Fund #2 (income) (\$2500 minimum)
- Charitable Remainder Unitrust (\$100,000 minimum)
- Charitable Remainder Annuity Trust (\$100,000 minimum)
- Testamentary Trust (\$100,000 minimum)
- Other \_\_\_\_\_

### The Gift

Cash amount \$ \_\_\_\_\_ (make checks payable to the Evangelical Lutheran Church in America)

Securities - approximate value \$ \_\_\_\_\_ Cost Basis \$ \_\_\_\_\_  
(attach list)

Property - qualified appraised value \$ \_\_\_\_\_ Cost Basis \$ \_\_\_\_\_

Gifts of appreciated securities and real estate must be done with the prior approval of the ELCA Foundation

### Donors

Date: \_\_\_\_\_

Donor Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN# \_\_\_\_\_

Please be sure to sign the application in the Donor Statement Section

**First Life Income Beneficiary** (Mr / Mrs / Miss / Ms / Rev / Dr / Other \_\_\_\_\_)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN# \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Second Life Income Beneficiary** (Mr / Mrs / Miss / Ms / Rev / Dr / Other \_\_\_\_\_)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN# \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Relationship to first life income beneficiary: \_\_\_\_\_

Payment Schedule (payment choice assumes \$100 each payment, otherwise annual payments)

Annually  Semi-Annually  Quarterly  Monthly

For Deferred & College Option Annuities  
please indicate date of first payment: \_\_\_\_\_

**\*\*\* If you would like to have your life income agreement payments electronically deposited into your checking or savings account, please fill in the "Authorization Agreement for Direct Deposit" on page four of this application.**

**Charitable Remainder Beneficiary**

ELCA Churchwide Ministries \_\_\_\_\_

ELCA Endowment Fund to benefit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(any ELCA related congregation, synod, institution, social ministry organization, churchwide ministry)

Memorial Fund  
in memory of \_\_\_\_\_

Name of Fund \_\_\_\_\_

Purpose of Fund \_\_\_\_\_

May the ELCA Foundation notify the Charitable Remainder Beneficiaries of your Gift?

Yes  No

**Donor Statement**

I understand that the information given in this application may be used in any life income agreement hereby established. I understand that I should consult my own advisors about the benefits and consequences of making this gift. I understand that for each life income agreement established I will receive a disclosure statement that complies with the Philanthropy Protection Act of 1995.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Gift Development  
Developer/Institution \_\_\_\_\_

Special Instructions from the Developer: \_\_\_\_\_

\_\_\_\_\_

## **Authorization Agreement for Direct Deposit**

I hereby authorize my debtor, Evangelical Lutheran Church in America, herein referred to as "SENDER", to initiate Automated Clearing House (ACH) credit entries (and/or correcting debit entries) to my account for my life income agreement payments, such as annuity, pooled income fund, unitrust or annuity trust payments.

The following information pertains to my account to be credited:

Account Name: \_\_\_\_\_

Checking Account

Money Market Account

Savings Account

Now Account

Financial Institution Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Bank's Transit Routing Number: \_ \_ \_ \_ \_  
(see lower-left corner of your bank checks)

My Account Number: \_\_\_\_\_

If this is a credit union, please list its phone number: (\_\_\_\_) \_\_\_\_\_

This authority is to remain in full effect until Sender or Financial Institution has received written notification from me of its termination in such time and manner as to afford Sender or Financial Institution a reasonable opportunity to act on it, or until Sender or Financial Institution has sent me ten (10) days written notice of Sender's or Financial Institution's termination of this arrangement.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please attach a voided check\*\***