

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 _____

Lutheran Association of Missionaries and Pilots U.S., Inc.
3525 N 124th Street, Brookfield, Wisconsin 53005, (262) 783-5267 (tax ID#39-1509253)

(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****