



CHURCH OF THE NAZARENE FOUNDATION

17001 Prairie Star Parkway, Ste. 200
Lenexa, KS 66220
(913) 577-2983

ENDOWMENT APPLICATION

Date: _____

Donor #1 _____ M F _____
Title Name Social Security Number

_____ Marital Status: Married Single
Date of Birth

Address: _____

_____ *Home Phone Cell Phone Email Address*

Donor #2 _____ M F _____
Title Name Social Security Number

_____ Marital Status: Married Single
Date of Birth Relationship to Donor #1

Address: _____

_____ *Home Phone Cell Phone Email Address*

Name of Endowment: _____

Approximate Amount of Endowment: \$ _____ Payable to Church of the Nazarene Foundation (\$25,000 minimum)

Donor(s) acknowledge that endowment distributions are made annually by the Church of the Nazarene Foundation

Donor(s) want the endowment distributions to be made as follows: (Check One)

- Where needed the most
- As specified below:
 _____ % to _____
 _____ % to _____

In the event a purpose as stated above should become impracticable or impossible Donor(s) herewith grants to the Church of the Nazarene Foundation the unilateral power to redirect the use of the endowment.

Unless otherwise instructed, the Foundation will share, in confidence, your gift with the ministry being supported.

Donor #1 Signature

Donor #2 Signature
