



CHURCH OF THE NAZARENE FOUNDATION

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

ENDOWMENT APPLICATION - ENTITY

Entity Name: _____

Address: _____

Contact Person: _____
Title Name

Work Phone Cell Phone Email Address

Contact Person: _____
Title Name

Work Phone Cell Phone Email Address

Unless otherwise requested, contacts listed above will be added to the online donor portal account for this endowment.

Name of Endowment: _____

Approximate Starting Amount of Endowment: \$_____ (Payable to Church of the Nazarene Foundation)

Distribution: (Check one. See your representative for more information.)

- Income Policy: _____% of Income to Be Distributed (typically 90%)
Spending Policy: _____% Market Value (no more than 5%)
Other: _____

Entity wants the endowment distributions to be made as follows: (Check One)

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

Entity acknowledges that endowment distributions are made annually by the Church of the Nazarene Foundation. In the event a purpose as stated above should become impracticable or impossible, the Entity herewith grants to the Church of the Nazarene Foundation the unilateral power to redirect the use of the endowment.

Organization's Authorized Signature Agent(s):

Signature Date

Signature Date

Title

Title