



CHURCH OF THE NAZARENE FOUNDATION

17001 Prairie Star Pkwy, Ste. 200

Lenexa, KS 66220

(913) 577-2983

ENDOWMENT APPLICATION - INDIVIDUAL

Donor #1

Full Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Donor #2

Full Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Unless otherwise requested, donor(s) 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: *(Please see your representative for more information)*

Income Policy

Spending Policy

Other: _____

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

Where needed the most

As specified below:

_____ % to _____

_____ % to _____

Donor(s) acknowledge 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 Donor(s) herewith grant 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

Date

Donor #2 Signature

Date