



# 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: *(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: \_\_\_\_\_

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