



FAITH COMMUNITY FOUNDATION

Donor Application Form

Please print.

Section 1: Donor Information

The Donors of an account have full and equal privileges to recommend grant distributions and to elect the successors of the account. For two or more donors, all account correspondence will be sent to Donor 1 if the mailing addresses are different. *(Please attach additional sheets as necessary.)*

Donor 1

Name _____	Company Name _____
Mailing Address _____	Mailing Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone () _____	Business Phone () _____
Date of Birth / / _____	SSN: - - _____

Donor 2

Name _____	Company Name _____
Mailing Address _____	Title _____
City _____	Business Phone () _____
State _____ Zip _____	Date of Birth / / _____
Home Phone () _____	Business Phone () _____

Donor 2 relationship to Donor 1: _____

Section 2: Name Your Account

Donors have the privilege of naming their account. Grants made from an account to charities are accompanied by a letter which includes their account name (^{i.e.} The Smith Family Fund) and the name and address of the Donor(s) recommending the grant, unless anonymity is requested.

Account Name: _____

Section 3: Contribution (\$5,000.00 minimum initial gift). Call (515) 664-0600 for assistance. (Please attach any additional information.)

To contribute cash by check or wire:

Check \$ (Make payable to *Faith Community Foundation*)
 Wire \$ Bank:
 (Please refer to *Asset Transfer Instructions*)

To contribute cash or securities held at Faith Community Foundation:

Cash: Please transfer \$ Security/Mutual Fund Name:
 Account Number: Account Number:
 If shares are indicated, shares will be taken. You may indicate the dollar amount only if you prefer. The FCF will make a current estimate of the number of shares needed to reach the dollar amount indicated but due to market conditions the amount may vary
 #Shares: Approximate Value: \$

To contribute securities or mutual funds held at other financial firm(s):

Firm Name: Name of Security #2:
 Broker Name: Account Number:
 Broker's Phone: () #Shares: Approximate Value: \$
 Name of Security #1: Name of Security #3:
 Account Number: Account Number:
 #Shares: Approximate Value: \$ #Shares: Approximate Value: \$

To contribute stock certificates (held in personal possession):

Stock Name:	# Shares:	Stock Name:	# Shares:
Stock Name:	# Shares:	Stock Name:	# Shares:
Stock Name:	# Shares:	Stock Name:	# Shares:
Stock Name:	# Shares:	Stock Name:	# Shares:
Stock Name:	# Shares:	Stock Name:	# Shares:

Section 4: Signature(s): I acknowledge that I have read the Program Description and agree to the terms and/or conditions described therein. I understand that the Program Description incorporates all terms and/or conditions of the Faith Community Foundation (FCF); which is available for review at FCF in Ankeny, IA or online at www.fcfn.org. I understand that any contribution, once accepted by FCF, represents an irrevocable contribution and is not refundable. I hereby certify that to the best of my knowledge, all information presented in connection with this application is accurate and I will promptly notify FCF in writing of any changes. (Please attach additional donor signatures as necessary.)

Donor 1 Signature: _____ Date: _____
 Donor 2 Signature: _____ Date: _____

Section 5: Referral: How did you learn about the Foundation?

If referred by a professional advisor, please provide his/her name and phone number.

Adviser Name: _____ Daytime Phone: _____