



SERVE. ADVISE. ENCOURAGE.

## CHARITABLE GIVING FUND AGREEMENT

**Name of Fund:** \_\_\_\_\_

*Note: Name of Fund is included on all checks. Consider the name carefully if you wish anonymity.*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Initial Beneficiaries:

\_\_\_\_\_% to \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_% to \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_% to \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_% to \_\_\_\_\_ for \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned acknowledges the following:

1. A majority of distributions must be made to Christian, evangelical organizations.
2. Distributions cannot be directed to a person, to a non-US charity, to an organization from which the undersigned will benefit by the gift, toward any pledge or personal obligation made by the undersigned.
3. The Foundation has the final authority in determining whether to authorize suggested changes in charitable beneficiaries.
4. The minimum, initial contribution is one thousand dollars (\$1,000).
5. This charitable giving fund is a donor-advised fund under IRS rules and regulations.

By signing below, I (or we) affirm that I have read and agree with the current [Foundation Policies concerning Charitable Giving Funds](#) and any future changes that are approved by the Foundation. Also, I (or we) affirm that I have read and understand the [Foundation's Disclosure Statement](#).

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Account Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

After completing form, please return by email (info@abf.org), fax (501-376-3831), or mail to the Arkansas Baptist Foundation, 10 Remington Drive, Little Rock, AR 72204.