

# Single-Charity Fund Application

A Single-Charity Fund at the National Christian Foundation (NCF) is used by individuals and charitable organizations to raise funds for a specific charity. It is often coupled with a Donate Button from NCF for online fundraising. To learn more, visit [ncfgiving.com/guide](http://ncfgiving.com/guide) and read our Essential Guide to NCF's Giving Solutions. To open a Single-Charity Fund, please complete the following application and email, fax, or mail it to our team at NCF.

## 1. NAME AND TYPE

What would you like to name the Fund?

The \_\_\_\_\_ Single-Charity Fund

Example: The Main Street Church Single-Charity Fund, etc. The Fund name will appear on all Fund correspondence, unless you request anonymity.

## 2. CHARITY INFORMATION

Charitable entity to whom assets are to be distributed\*:

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Charity Name

EIN

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Address: Include P.O. Box, street, suite, or apt #

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City

State

Zip

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Phone

Email

Web Address

\*Entity must be recognized and qualified as a tax-exempt organization and a public charity or private operating foundation under Sections 501(c)(3) and 509(a) of the Internal Revenue Code, contributions to which are tax deductible under Sections 170(c) and 170(b)(1)(A) of the Code. In the event the entity ceases to be so recognized or to so qualify, NCF may distribute assets in the Single-Charity Fund to another entity at its discretion. NCF may also distribute assets to another entity if NCF determines the restriction of distribution to the identified charity is unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, or would prevent NCF from using the Fund to further or carry out one of its exempt purposes.

### 3. CHARITY INFORMATION

#### Charity Representative

Title	First Name	Initial	Last Name
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Date of Birth

Address: Including P.O. Box, street address, suite or apt #

City	State	Zip
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Home Phone	Business/Cell	Fax
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Email Address\*

\*This is required and will be your User ID on our website.

#### Additional Charity Representative

Title	First Name	Initial	Last Name
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Date of Birth

Address: Including P.O. Box, street address, suite or apt #

City	State	Zip
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Home Phone	Business/Cell	Fax
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Email Address\*

\*This is required and will be your User ID on our website.

#### Preferred Method of Contact (Circle One)

Email    Home Ph.    Bus. Ph.    Mail    Cell

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Unless instructed (by separate attachment), NCF will accept recommendations equally from either of the Fund Holders named above. If you wish to authorize additional advisors, please note their contact information (including email and address) on a separate sheet.

### 4. HOW DID YOU HEAR ABOUT US?

Please tell us how you heard about NCF (please list specific names and/or organizations).

- Advisor: \_\_\_\_\_
- Board: \_\_\_\_\_
- Church: \_\_\_\_\_
- Giver: \_\_\_\_\_
- Ministry: \_\_\_\_\_
- Web/Marketing: \_\_\_\_\_
- Staff: \_\_\_\_\_

## 5. INVESTMENT INFORMATION

Your Giving Fund may be invested for stability of principal or for growth potential. Funds with balances of \$300,000 or more may be separately managed by your professional advisor. Please select one or more investment pools below and indicate the percentages you desire for each pool, totaling 100%. (Note: The final five pools are diversified among global equities, fixed-income, commodities, and risk-reducing alternative investments.)

- \_\_\_\_\_ % Money Market: Stable value earning money-market-fund rates
- \_\_\_\_\_ % Fixed Income: Short-duration, investment-grade, fixed-income investments
- \_\_\_\_\_ % Moderate Income – 20% Equity: Cautious equity mix for 3+ year holding periods
- \_\_\_\_\_ % Balanced Income – 35% Equity: Cautious equity mix for 5+ year holding periods
- \_\_\_\_\_ % Balanced Growth – 50% Equity: Moderate equity mix for 5+ year holding periods
- \_\_\_\_\_ % Growth – 70% Equity: Highest-risk equity mix for long-term holding periods (7+ years)

**100% TOTAL** Note: Changes to your investment options may be made only once every 30 days.

## SIGNATURES

I acknowledge that I have read NCF's Terms and Conditions (our Gift and System Use Agreement, available at [ncfgiving.com/agreement](http://ncfgiving.com/agreement)) and agree to the terms and/or conditions described therein. I understand that in order to qualify as a deductible contribution for income tax purposes, the National Christian Foundation will fully own all contributed assets, and that earnings and losses on the investments in the various pools are typically allocated to the Single-Charity Funds. Further, I understand that my communication regarding the Fund is advisory only and that ultimate decisions and control, relative to each of these issues, are that of the National Christian Foundation.

\_\_\_\_\_  
Primary Fund Holder Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Fund Holder Signature (Required)

\_\_\_\_\_  
Date

National Christian Charitable Foundation, Inc. D/B/A National Christian Foundation

\_\_\_\_\_  
By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Effective Date