

AMENDING YOUR CHARITABLE RECOMMENDATIONS

If you wish to make changes to the benefiting charity(ies) recommended in your Fund Agreement with the Foundation, please complete this form and return it to the Foundation. It is important that you list *all* of the charities you recommend to receive grant distributions from the Fund, including the amount of the gift designated to each charity stated in percentages (to the nearest full or one-half percentage). Keep in mind that only one charity per \$5,000 gifted to the Foundation may be named.

Once this information is submitted to the Foundation, an Addendum to your Fund Agreement will be drafted and sent to you for your review and signature. If your changes include more charities than listed here, you may make additional copies of this form. If you have any questions, please contact the Foundation toll free at 1-800-365-4172.

Fund Information

Fund Name: _____

Fund Advisor Name: _____

Fund Advisor Address: _____

Phone: _____ Email Address: _____

Charity Recommendations

1. LCF Community Fund

___% LCF Community Fund

2. LCF Field of Interest Funds

___ % Health

___% Human services

___% Education

___% Disaster response

___% Scholarships

___% Evangelical Lutheran Church in America and related organizations

___% Lutheran Church-Missouri Synod and related organizations

___% Wisconsin Evangelical Lutheran Synod and related organizations

3. Charity or Congregation Recipient(s)

Name of charity/congregation: _____

If congregation, please check appropriate box: ELCA LCMS WELS Other: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Gift Amount (as a %): _____% Contact, if known: _____

Name of charity/congregation: _____

If congregation, please check appropriate box: ELCA LCMS WELS Other: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Gift Amount (as a %): _____% Contact, if known: _____

Name of charity/congregation: _____

If congregation, please check appropriate box: ELCA LCMS WELS Other: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Gift Amount (as a %): _____% Contact, if known: _____

Name of charity/congregation: _____

If congregation, please check appropriate box: ELCA LCMS WELS Other: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Gift Amount (as a %): _____% Contact, if known: _____

Disclosure to Benefiting Charities

Please indicate your wishes below:

- Okay to disclose gift to benefiting charities with first grant distribution(s).
- Okay to disclose gift to benefiting charities upon receipt of the signed Fund Addendum.
- Okay to disclose at death.
- Never disclose.

Return completed form to:

Lutheran Community Foundation, 625 4th Ave. S., Suite 1500, Minneapolis, MN 55415

Or fax to (612) 844-4109