



8050 Spring Arbor Rd., Spring Arbor, MI 49283 • 800-325-8975
www.fmfoundation.org

Endowment for Free Methodist Ministries-New Account Form

1. Endowment Donor or Organization Information

_____ Donor or Organization Name	_____ Social Security # or Federal Tax ID#
_____ Mailing Address	_____ City State Zip
_____ Primary Contact Person	_____ Secondary Contact Person
_____ Phone Number	_____ Phone Number
_____ E-mail Address	_____ E-mail Address
_____ Fax Number	_____ Fax Number

2. Endowment Funding Information

What is the recommended name for this endowment? _____

When will the endowment be funded? Currently (as noted below) By Will By Trust

What is the funding source for this endowment? Check Securities Real Property Other _____

Approximate amount of initial funding (if less than \$7,500, contact EGP office): _____

Will you be investing additional dollars in the future? Yes No (Explain) _____

3. Endowment Declaration Questions (Please attach blank sheet if additional space is needed to answer questions.)

Why do you wish to establish this endowment?

Is there a particular person(s) you are honoring or memorializing with this endowment?

How many years have you (or your honoree) been associated with the ministry(ies) you wish to benefit?

How did you (or your honoree) become acquainted with the ministry(ies)?

How are you (or your honoree) currently involved with the ministry(ies) that will benefit from this endowment?

Have you (or your honoree) been involved in any other ministries? (For example, did you (or your honoree) attend a Free Methodist college/university or participate in mission trips, etc.?)

Is there anything else you (or your honoree) would like us to include in the biographical sketch in the Endowment Declaration regarding your relationship to Christ and/or the ministry(ies) the endowment is supporting?

4. Endowment Distributions

Distributions will be made at least annually to the charitable organizations named in the Endowment Declaration in accordance with the published guidelines of the Endowment for Free Methodist Ministries (EFMM) of The Free Methodist Foundation. (EFMM Guidelines are available upon request.)

What charitable organizations will benefit from this endowment? (Please at least one Free Methodist ministry.)

_____ % to _____ Address: _____

_____ % to _____ Address: _____

_____ % to _____ Address: _____

_____ % to _____ Address: _____

_____ % to _____ Address: _____

5. Donor or Organization Signature(s)

My/our signature is affixed below to indicate that I/we have completed the application in its entirety and desire to establish this *irrevocable* endowment with The Free Methodist Foundation under the Endowment for Free Methodist Ministries.

Signature

Date

Printed Name

Title (if applicable)

Signature

Date

Printed Name

Title (if applicable)

Not FDIC-insured. No bank guarantee. May lose value.

6. Please mail completed application to:

Regular mail:
The Free Methodist Foundation
PO Box 580
Spring Arbor, MI 49283

Express Mail:
The Free Methodist Foundation
8050 Spring Arbor Road
Spring Arbor, MI 49283

Contact Us:
www.fmfoundation.org
Phone: (800) 325-8975
Fax: (517) 750-2752

This area for internal use only:

Account Type: _____ Critical Date: _____

First Rate Tier: 1 2 Investment Objective: _____

Discretion: Full None PRS Code: _____

Portfolio Management Fee: _____% Schedule #: _____

Comments: _____