

# Single-Charity Fund application

A Single-Charity Fund at the National Christian Foundation (NCF) is used by individuals and charitable organizations to fund a specific charity. 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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Charity representative name

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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. FUNDHOLDER CONTACT INFORMATION

#### Primary fundholder

Title First name Initial Last name

Date of birth

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

City State Zip

Home phone Business/Cell Fax

Email address\*

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

#### Preferred method of contact (check one)

Email  Phone  Mail

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

#### Secondary fundholder

Title First name Initial Last name

Date of birth

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

City State Zip

Home phone Business/Cell Fax

Email address\*

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

#### Preferred method of contact (check one)

Email  Phone  Mail

### 4. PROFESSIONAL ADVISOR INFORMATION (IF APPLICABLE)

If you work with a professional advisor that you wish to have access to your fund, please fill out the following section. If you do not wish for your professional advisor to have access, leave this section blank.

Type of advisor (check one) Accountant  Attorney  Financial Advisor  Other (specify)

Advisor name, title, and firm name

Mailing address City State Zip

Phone Email

Access level: Full  Advisory  Review

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

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

Advisor: \_\_\_\_\_

Ministry: \_\_\_\_\_

Board: \_\_\_\_\_

Web/Marketing: \_\_\_\_\_

Church: \_\_\_\_\_

Staff: \_\_\_\_\_

Giver: \_\_\_\_\_

