



APPLICATION FORM – Pooled Income Fund

Fund Type: Growth Pooled Income Fund
 Pooled Income Fund Number Two

Payments are to be made to:

FIRST DONOR: (Mr.,Mrs.,Ms.,Miss) _____
Address _____
City _____ State _____ Zip _____
Phone number _____
E-mail _____
Birthdate: _____ Soc. Sec. No. _____

SECOND DONOR: (Mr.,Mrs.,Ms.,Miss) _____
Address _____
City _____ State _____ Zip _____
Phone number _____
E-mail _____
Birthdate: _____ Soc. Sec. No. _____

This arrangement will provide payments for: One Life Two Lives
I plan to itemize when filing my next Federal Income Tax Return Yes No
I have received and reviewed the Declaration of Trust and Disclosure Document Yes No

The gift will consist of the following:
Cash in the amount of \$ _____
Securities in the value of \$ _____ (attach description)
Date acquired _____ Cost basis \$ _____
Property in the value of \$ _____ (attach description)
Date acquired _____ Cost basis \$ _____

It is understood that this gift is to be used for the ultimate benefit of :
 Ministry of greatest need Specify (if other) _____

First Donor's signature _____ Date _____
Second Donor's signature _____ Date _____

Please make checks or assignments of securities and property to:

EFCA Foundation
901 East 78th St.
Minneapolis, MN 55420-1300
800-995-8578 email: foundation@efca.org
Web: www.efcafoundation.org

