



# INTEREST FORM – Charitable Remainder Trust

This trust arrangement will provide payments for:  One Life  Two Lives  Term of Years \_\_\_\_\_

This trust arrangement will provide:  Fixed Income  Variable Income

Payments are to be made to:

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

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

Payments desired:  Annually  Semi-Annually  Quarterly  Monthly  
I plan to itemize when filing my next Federal Income Tax Return  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 Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Second Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks or assignments of securities and property to:

EFCA Foundation  
901 East 78<sup>th</sup> St.  
Minneapolis, MN 55420-1300  
800-995-8578 e-mail: [foundation@efca.org](mailto:foundation@efca.org)  
Web: [efcafoundation.org](http://efcafoundation.org)

