



## Endowment Information/Application

### CHURCH CONTACT INFORMATION

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

Contact Person: \_\_\_\_\_

Email Address (for statements): \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ENDOWMENT INFORMATION

Date: \_\_\_\_\_ Initial Contribution: \_\_\_\_\_

Check # \_\_\_\_\_  Bank Transfer  Stock Transfer  Other \_\_\_\_\_

Name of fund shall be: \_\_\_\_\_

The purpose of the fund shall be: \_\_\_\_\_

The board, agency or persons authorized to request distribution of these funds:  
(at least two, if persons)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return form to: California-Pacific United Methodist Foundation  
PO Box 6006, Pasadena, CA 91102-6006  
Phone: 626-568-7347 • Fax: 626-405-9208 • Email: [jan@cpumf.org](mailto:jan@cpumf.org)