



FEDERATION OF CHRISTIAN MINISTRIES PERMANENT ENDOWMENT FUND

Current Gift Form

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: ___/___/___
Home phone: _____ Work Phone: _____ Cell Phone: _____
E-mail address: _____

Spouse/Partner Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: ___/___/___
Home phone: _____ Work Phone: _____ Cell Phone: _____
E-mail address: _____

I/we are pleased to inform you that we are making a current gift to the FCM Permanent Endowment Fund as indicated immediately below:

\$ _____

DESIGNATION OF GIFT

- Unrestricted Gift
- Memorial Named Fund - \$10,000+ gift(s)
- in honor of OR in memory of (check one if applicable):

- Legacy Named Fund - \$25,000+ gift(s)

Designation of the earnings for the purpose of: _____

(with Circle of Directors' approval)

Check (made to "FCM Permanent Endowment Fund") or:

- Credit card __ AMEX __ Discover __ MasterCard __ VISA

Name on Card: _____

Card Number: _____

(Your personal credit information will not be retained or stored by FCM or any party nor be used for any other purpose)

Expiration Date: Month: _____ Year: _____ CVV: _____

Signature: _____

GIFT ACKNOWLEDGEMENT - YOUR NAME WILL BE PRINTED IN FCM PUBLICATIONS AS A SUPPORTER OF THE ENDOWMENT FUND UNLESS INDICATED OTHERWISE BELOW.

I/We would like our name(s) listed in FCM publications as supporters of the Endowment Fund as:

Please print

I/We prefer the terms of this gift to remain anonymous.

Signature (Please use blue ink for security)

Date

Spouse/Partner's Signature (Please use blue ink for security)

Date

SEND YOUR CURRENT GIFT WITH THIS FORM TO:

Federation of Christian Ministries
1709 West 69th St. #1
Cleveland, OH 44102
Phone: 216-571-7698

