

# Make a gift to an existing fund

## First donor

Full name: \_\_\_\_\_

Mr./Ms./Mrs./Miss: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Religious affiliation (optional): \_\_\_\_\_

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

City/state/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Second Donor

Full Name: \_\_\_\_\_

Mr./Ms./Mrs./Miss: \_\_\_\_\_

Relationship to First Donor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religious Affiliation (optional): \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Type of gift

Type of asset and \$ value:

## Gift designation

Please indicate the charitable fund to which you are making a gift:

Existing fund:

InFaith Community Fund:

Field of Interest Fund:

Disaster Response Fund

Education Fund

Health Services Fund

Human Services Fund

ELCA & Related Organizations Fund

LCMS & Related Organizations Fund

WELCS & Related Organizations Fund

Ecumenical/Interfaith Fund

**Gift disclosure**

- Okay to publish in Thrivent publications.
- Okay to publish in Thrivent publications after death.
- Never publish.

**Disclosure to benefiting charities**

Indicate your wishes for disclosure to benefiting charities by checking one of the boxes below. If no box is checked, we will assume you wish to remain anonymous at all times.

- Disclose gift to benefiting charities upon receipt of the signed Fund Addendum.
- Disclose gift to benefiting charities with the first grant distribution(s).
- Disclose to benefiting charities after death.
- Never disclose to benefiting charities.

**Gift acknowledgment**

I hereby acknowledge that I intend to make an irrevocable gift to Thrivent Charitable Impact & Investing™. With my gift, I understand that I will be transferring all ownership and legal control to Thrivent, subject to normal acceptance by an officer of Thrivent, for allocation to a permanent fund.

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Gift advocate information (applicable if someone assisted you in making this gift)**

Professional advisor name: \_\_\_\_\_

Affiliated organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please make checks payable to Thrivent Charitable Impact & Investing.*

Notes or special instructions:

Return completed form by mail, fax, or online secure upload to:

Thrivent Charitable Impact & Investing

PO Box 8072

Appleton, WI 54912-8072

Fax: 612-844-4109

<https://www.thriventcharitable.com/share-files>

Thrivent Charitable Impact & Investing® is a public charity that serves individuals, organizations and the community through charitable planning, donor-advised funds and endowments. Thrivent Charitable Impact & Investing works collaboratively with Thrivent and its financial advisors. It is a separate legal entity from Thrivent, the marketing name for Thrivent Financial for Lutherans.

Insurance products, securities and investment advisory services are provided by appropriately appointed and licensed financial advisors and professionals. Only individuals who are financial advisors are credentialed to provide investment advisory services. Visit [Thrivent.com](http://Thrivent.com) or FINRA's Broker Check for more information about Thrivent's financial advisors.