



THE MISSISSIPPI BAPTIST FOUNDATION

CHARITABLE GIVING FUND

Application & Agreement

Ministry Supporter(s):

Name(s): _____

Address: _____

City, State, Zip: _____

Phone(s): _____; Email: _____

Name of Fund: _____

Note: All distribution checks include the Fund name. Select the name carefully if you desire anonymity.

Initial Beneficiaries:

_____ % or \$ _____ .00	Ministry/Organization	Ministry Purpose
_____ % or \$ _____ .00	Ministry/Organization	Ministry Purpose
_____ % or \$ _____ .00	Ministry/Organization	Ministry Purpose
_____ % or \$ _____ .00	Ministry/Organization	Ministry Purpose

The undersigned acknowledges the following:

1. All distributions from this CGF shall be made exclusively to organizations described in each of Sections 170(c), 170(b)(1)(A), 2055 (a), and 2522(a) of the Internal Revenue Code as amended and whose purpose is not inconsistent or in conflict with the Mississippi Baptist Foundation, the Mississippi Baptist Convention, or the Southern Baptist Convention.
2. Distributions may not be directed to an individual, to a non-U.S. charity, to an organization from which the undersigned will benefit from the ministry grant, or toward any pledge or personal obligation made by the undersigned.
3. The ministry supporter(s) acknowledge and understand that CGF distribution recommendations will not be binding upon the Foundation and that the Foundation will make the final determination with respect to any and all distributions from a CGF account.
4. The Foundation requires an initial minimum gift of five thousand dollars (\$5,000.00) for the establishment of a CGF.
5. This charitable giving fund is a donor-advised fund under I.R.S. rules and regulations.

Through the signatures presented below, I (we) affirm that I (we) have read, understand, and agree with the current [Foundation Charitable Giving Fund Policies](#) and will accept any amendments to such policies as may be approved by the Mississippi Baptist Foundation Board of Trustees in the future. Furthermore, I (we) affirm that I (we) have read and understand the [Foundation's Disclosure Statement](#).

Signature: _____, **Date:** _____
Ministry Supporter

Signature: _____, **Date:** _____
Ministry Supporter

Please return completed form via email (foundation@mbcb.org), fax (601-968-0904), or mail to the Mississippi Baptist Foundation, Post Office Box 530, Jackson, MS 39205.