Cokesbury United Methodist Church
Establishing a Named Endowment Fund

Name of Fund:_____
Purpose of the fund:_____

Initial investment: Amount: $_____ Date:_____
Cash:_____ Securities:_____ Property:_____

Timetable for distribution form endowment: Annually_____
Semi Annually_____
Quarterly_____

Distribution Policy: Income only:_____
_____% of income:_____
_____% of annual fair market value:_____
Re-invest all income and dividends:_____

Donor(s): _____
Address: _____
Telephone: _____
Closest relative to donor: _____ Relationship:_____
Address: _____
Telephone: _____

Income Beneficiary: _____
Address: _____
Telephone: _____
Birth date: _____

Remainder Beneficiary (if different from above): _____
Address: _____
Telephone: _____
Birth date: _____

Provisions for additions to the fund: Yes_____ No:_____ When:_____

Investment:_____

Person most responsible for securing this endowment:_____

Permission to announce this endowment: Yes:_____ No:_____

Other information:_____

_____