THE GREAT COMMISSION FOUNDATION
of Campus Crusade for Christ

Legacy Fund Application

Donor Information:

First name _____ Last Name _____ Donor Account # (if applicable) _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Other Phone # _____

E-mail Address _____

Staff/Ministry Beneficiary Information:

(If staff) First name _____ Last Name _____ Staff Account # _____

Ministry _____ E-mail address _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Other Phone # _____

Legacy Fund Information:

Type of Asset: ☐ Cash (make checks payable to The Great Commission Foundation)

☐ Stocks ☐ Bonds ☐ Mutual Funds

Estimated Asset Value:

Instructions: _____

_____

The Great Commission Foundation of Campus Crusade for Christ shall have absolute discretion as to the administration and investment of the assets of the Fund. Donor agrees that The Great Commission Foundation of Campus Crusade for Christ has not made any representations or warranties as to the performance of its investment of the assets and The Great Commission Foundation of Campus Crusade for Christ is under no obligation to achieve a particular return on investment.

Donor's signature _____ Date _____

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