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Tel. (800)986-4483  
Fax (703) 820-5100  
Website: <http://www.nhf.org>

# Application to Begin a Foundation

By completing and signing this application you certify that you will conduct activities that satisfy the requirements of the Internal Revenue Code. You further certify that you will abide by the policies and conditions set forth by the National Heritage Foundation, Inc. and its Board of Directors as amended from time to time in the sole discretion of the Board of Directors. If these guidelines are not followed, NHF reserves the right to sever our relationship and terminate your foundation. In order to qualify as a deductible contribution for income tax purposes, the ownership, custody and control of any donated funds and property must be fully relinquished to National Heritage Foundation. Any disbursements requested must be approved by the Board of Directors in the sole discretion of the Board and decision of the Board is final. Please include a telephone number where you can be reached if we have any questions. Mail this completed application an payment to the address listed above. Once your application has been reviewed and approved by our Board of Directors, you will receive a parchment certificate with your Foundation name and a manual entitled, "Now That You Have Your Foundation." Please allow 4 weeks for delivery. **PLEASE PRINT CLEARLY.**

Proposed Foundation Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Donor/Applicant Name(s): \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number (of each Applicant) \_\_\_\_\_

Telephone (residence): \_\_\_\_\_ Telephone (business): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature (of each Applicant) \_\_\_\_\_

Your Foundation may choose a helper called a Philanthropic Development Officer (PDO). This person must be a member of NACEC. If you do not know someone at this time, you may leave this field blank.

PDO Name: Linsey R. Mills \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Company: \_\_\_\_\_

Address: 2786 Clayburne Ct. \_\_\_\_\_

City: Winston Salem \_\_\_\_\_ State: NC \_\_\_\_\_ Zip: 27103 \_\_\_\_\_

Telephone (business): 336 659-9886 \_\_\_\_\_ Fax: 208 730-4068 \_\_\_\_\_ E-mail: [LinseyM@aol.com](mailto:LinseyM@aol.com) \_\_\_\_\_

Signature: \_\_\_\_\_

## Proposed Charitable Purpose

We at NHF need to understand your vision of the purposes of your foundation in order both to make sure we share in this vision and that you have a commitment to and clear direction for your foundation. Please describe below, in your own words, why you wish to create a foundation at NHF, your vision for the religious, educational, and/or charitable outreach and services of your foundation, and why you believe your foundation will make this world a better place and serve humanity. Feel free to attach an extra sheet of paper.

Would you like any regular percentage of all donations to this foundation to go to another Foundation at NHF?

Foundation Name \_\_\_\_\_ Account # \_\_\_\_\_ Percentage \_\_\_\_\_

"I acknowledge that I have been afforded ample opportunity to consult with an attorney, certified public accountant, and/or other independent professional advisors of my choosing in connection with my decision to create a foundation at NHF. I affirm that I have made the decision to apply to create a foundation at NHF in order to advance the religious, educational, and/or charitable purposes explained by me above. If and to the extent that I may derive any tax benefit from my absolute charitable contribution to NHF, such benefit is incidental to my desire to serve the purposes set forth above. I have made the decision freely and voluntarily to apply to create the foundation after giving it careful consideration and deliberation and with full awareness of how foundations are administered by NHF in accordance with federal tax laws which pertain to publicly supported charities, such as NHF.

***I understand that contributions to NHF are absolute, irrevocable and unconditional charitable contributions and I have no right to the return of them. Nor do I have any right or entitlement to any income from the funds or property I have contributed to NHF as an absolute, irrevocable, and unconditional charitable contribution. I realize that the funds or property which I shall donate to NHF become the sole and exclusive property of NHF.***

I have read and understand the New Foundation Legal Note on your website at [www.nhf.org](http://www.nhf.org) under the tab "Financial & Legal" and agree to comply with it.

Signature of each founder: \_\_\_\_\_ Date: \_\_\_\_\_

~ I have enclosed a check for \$285 to begin my Foundation

~ Please charge the fee to my Visa, MasterCard, or Discover Credit Card #

Expiration Date \_\_\_/\_\_\_/\_\_\_ Signature of Cardholder \_\_\_\_\_



# Foundation Application Instructions

The following are instructions to help you fill out the application on the reverse. If you require additional assistance please call 800-986-4483. Once we receive the application and the application fee, please allow one to two weeks for NHF Board review. You will receive notification of your acceptance via U.S. mail.

## Proposed Foundation Name:

The name you choose is a personal choice. Here are some ideas that may help you decide:

- Select a name that reflects a charitable concern (e.g., “Child Abuse Prevention Foundation”).
- Recognize the name of the donors (e.g., “The Charles and Mary Smith Foundation”).
- Honor your family name (e.g., “The Smith Family Foundation” or “The Charles and Mary Smith Family Foundation”).
- Use your company name (e.g., “FedEx Foundation” or “The Bayou Restaurant Foundation”).
- Support a religious cause (e.g., “The Harry Brown Ministry” or “Spreading The Word Foundation”).

Please print or type this information carefully. The name of your new Foundation will be printed exactly as it is written on a walnut plaque. Remember, NHF will **not** support any Foundation or activity that promotes violence, atheism, or abridges the freedoms guaranteed in the U.S. Constitution. In questionable cases, the decision of the NHF Board of Directors is final.

## Donor/Applicant Name(s):

This is the name of the person(s) who is/are starting the Foundation at NHF. This person will be referred to as the “Founder Director of the Foundation.” Please provide us with the address to which you would like us to send all correspondence. No P.O. Boxes please. Social Security numbers and signatures are required for each “Founder Director.”

## PDO Name:

Please provide the name of your Philanthropic Development Officer. This is the name of the person who is advising the Donor/Applicant on the procedures for starting a “Foundation at NHF.” This person must be a member of NACEC (National Association of Charitable Estate Counselors). If you do not require assistance at this time, you may leave this area blank. If you require the advice from a financial professional in regard to your Foundation, please call us and we can refer you to a NACEC member in your area. You may also search our website for a NACEC member in your area. Go to [www.nhf.org](http://www.nhf.org).

## Proposed Charitable Purpose:

Please provide a description of the charitable activity that you wish to conduct. You may use the description we have provided (“Any charitable educational, scientific or religious activities that may be approved periodically.”) If you have a more specific charitable purpose for your Foundation, please provide the description in this space. This summary will appear at the top of your Foundation Statement, so please limit the description to 75 words or less. If you have a more detailed activity description, please attach additional sheets and we will retain them in your file at NHF.

## Would you like a percentage of the donations to go to another foundation at NHF:

If you would like to donate a portion of the funds that you raise in this foundation to another foundation at NHF, indicate the amount here. This will be an ongoing donation which will be placed automatically into another’s foundation. This is a great way to encourage others to conduct fundraising activities for your foundation. To cancel this donation in the future, please provide NHF with written notification.

## Payment:

Please indicate whether you are including a check or if you would like to charge the fee to your credit card. We accept all major credit cards. If you decide to pay the application fee with a credit card you may fax the application to NHF at 703-820-5100. All Foundation applications are reviewed by a member of the NHF Board of Directors within 2 business days of receipt. If your Foundation application has been accepted, you will receive notification sent by U.S. mail.