



## CHURCH OF THE NAZARENE FOUNDATION

17001 Prairie Star Pkwy, Ste. 200

Lenexa, KS 66220

(913) 577-2983

### QUALIFIED CHARITABLE DISTRIBUTION INSTRUCTIONS

The Church of the Nazarene Foundation, a 501.c.3 Public Charity, can receive your Qualified Charitable Distribution (QCD) from a traditional IRA to fund a Single Ministry Fund, Endowment, or certain split-interest gifts.

**Step 1:** Request a Qualified Charitable Distribution from your IRA Custodian using the following information:

Legal Name: Church of the Nazarene Foundation  
Tax ID Number: 43-1756625  
Permanent address: 17001 Prairie Star Parkway, Suite 200  
Lenexa, KS 66220

**Step 2:** Complete and return this form to the Foundation via mail or email at [accounting@nazarenefoundation.org](mailto:accounting@nazarenefoundation.org).

I have directed my IRA Custodian (\_\_\_\_\_) to make a QCD in the amount of \$\_\_\_\_\_. Please use as follows:

- ☐ Distribute to (church/ministry): \_\_\_\_\_  
in twelve equal monthly payments through a Single Ministry Fund. Distributions should begin in the month of \_\_\_\_\_, 20\_\_.
- ☐ A single pass-through gift to benefit (church/ministry): \_\_\_\_\_.
- ☐ Create an endowment (min. \$10,000) to benefit (church/ministry): \_\_\_\_\_.
- ☐ Add to Endowment # \_\_\_\_\_.
- ☐ Fund Charitable Gift Annuity # \_\_\_\_\_.
- ☐ Fund Charitable Remainder Trust # \_\_\_\_\_.

**Please note:** In 2026, there is a \$111,000 limit for all QCDs. There is a once-per-lifetime limit for QCDs given to fund Charitable Trusts or Gift Annuities, with a 2026 limit of \$55,000. New Endowments, Charitable Gift Annuities, and Charitable Remainder Trusts may require additional documentation. Please contact [info@nazarenefoundation.org](mailto:info@nazarenefoundation.org) for these account applications. After 3 months, any QCDs received without an accompanying form will be considered as an outright gift to the Foundation.

**Donor Acknowledgement:** I hereby give the above-referenced QCD irrevocably to the Nazarene Foundation. I relinquish all advisory control over this gift and acknowledge that I may not change the above designation once this gift is processed. In the event it becomes impractical or impossible to distribute to the designated charitable beneficiary, I grant the Foundation the unilateral power to redirect the charitable distribution to beneficiaries designated by the Foundation. Applicable gift facilitation or management fees will be assessed according to the Foundation's prevailing fee schedule.

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

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

**The Foundation will provide a donor acknowledgement once the gift is processed**