

Cash contribution gifting form

Please include this slip with your check to ensure proper crediting to your fund. You may also share this form with others you wish to contribute to your fund.

this form with others you wish to contr	ibute to your fund.			
	Please contribute this gift to:			
	NCF Giving Fund number			NCF Giving Fund name
	Contributor name(s)			
Please make checks payable to: National Christian Foundation	Phone number(s)			Email address(es)
Mail to ATTN: Contribution Services 1150 Sanctuary Pkwy, Suite 350	Primary fundholder?:	Yes	☐ No	
Alpharetta, GA 30009	Street address			
	City		State	Zip
	Address change?:	Yes	☐ No	
	If you have an address change, please write the old address on the back of this form.			
	— — cut along	dotted lin	e — — -	
Cash contribution	gifting for	m		
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Address change?:

☐ No

Yes