



The Passionists of Holy Cross Province

660 Busse Highway, Park Ridge, IL 60068 **tel** 847 518 8844 **fax** 847 518 0461 **web** passionist.org

Charitable Gift Annuity Application

I (we) hereby make application for a charitable gift annuity subject to the following terms and conditions:

The gift will be funded with: (*\$1,000 minimum*)

- Cash – Please make checks payable to, *The Congregation of the Passion, Holy Cross Province.*
- Appreciated Securities or other gifts – please call the Office of Donor Relations for transfer instructions.

Type of charitable gift annuity requested: (*check one*)

- One Life** – One annuitant receives fixed payments for life.
- Joint & Survivor** – Two annuitants jointly receive fixed payments. Upon the death of one party, the payments are transferred to the survivor.
- Two Life Successive** – One annuitant receives payments. Upon death, payments go to the survivor.
- Deferred** – Can be issued for one life, jointly or with a survivor. The first payment is deferred to a later date determined by the donor (at least one year from the date of issuance).

For a one life annuity: *Please complete the following:*

Full Name: _____

Address: _____

o

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

For a two life annuity: *Please complete the following:*

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____



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Payments are to be made:

- Annually Semi-annually Quarterly Monthly (*for gifts over \$15,000*)
- I would like my charitable gift annuity payments to be directly deposited into my bank account.
(*Please complete enclosed authorization form*)

Purpose: (*optional*)

I would like my gift to be restricted to:

- The general good works of the Passionists Care for senior Passionists
- Formation and training of the next generation of vowed and lay Passionist leaders

For other restrictions please contact our office

Please provide the name and address of a relative, friend or business acquaintance with whom The Passionists may communicate with if we are unable to reach either annuitant or after death. (*If this information changes, it is critical that the donor notify The Passionists Department of Donor Relations immediately.*)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Relationship: _____

I certify that the information given is true and accurate –

Donor Signature

Date

Donor Signature

Date

Please return this application to: Angela Kwasinski, Director of Donor Relations, 660 Busse Hwy., Park Ridge, IL 60068. If you have questions, please contact Angela at 800-295-9048 ext. 206 or at akwasinski@passionist.org.