

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: (\$10,000 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: | | | |
| 0 | | | |
| City: | State | Zip Code | |
| Phone: | Email: | | <u></u> |
| Social Security Number: | Date of Birth: | | |
| For a two life annuity: <i>Please com</i> | plete the following: | | |
| Full Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Email: | | |
| Social Security Number: | Date | Date of Birth: | |



The Passionists *of* Holy Cross Province

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

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

 \square 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 | l accurate — | |
| Donor Signature | | Date |
| Donor Signature | <i>D</i> | late |

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.