## 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)  $\Box$  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.  $\square$  **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: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ For a two life annuity: Please complete the following: Full Name: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Phone: Email: Social Security Number: 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

Payme	ents 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)						
Purpo	se: (optional)	)					
I woul	d like my gift	to be re	estricted to:				
☐ The general good works of the Passionists					☐ Care for senior Passionists		
$\square$ Formation and training of the next generation of vowed and lay Passionist leaders							
	For other restrictions please contact our office						
Passio inform immed	nists may connation change	nmunic s, it is c	ate with if we are una critical that the donor	ble to reach ein notify The Pas	ther anr ssionists	equaintance with whom The nuitant or after death. (If this is Department of Donor Relations	
Name:							
Addre	ss:						
City:				State:		Zip:	
Telepl	none:			Email:			
Relatio	onship:						
I certi	fy that the inf	formatio	on given is true and ac	ccurate —			
Donor Signature			Date Date				
	Signature		<del></del>			 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.