



The Passionists of Holy Cross Province

Office of Donor Relations - 660 Busse Highway, Park Ridge, IL 60068 - **800.295.9048 ext. 2206** -
donorrelations@passionist.org

Charitable Gift Annuity Application Form

I am providing information on this application form because I have made, or intend to make, an irrevocable contribution to The Passionists of Holy Cross Province for a charitable gift annuity to benefit their good works. The information provided shall be reviewed by the Office of Donor Relations and, if accepted, shall be used to prepare a gift annuity agreement and provide related tax information.

Donor(s) Enter the name of the donor, i.e., the legal owner of the property being contributed. If property is owned jointly, enter the name of both owners.

Please print clearly or type.

Name _____

SS # _____ Date of Birth _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Name _____

SS # _____ Date of Birth _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Annuitant(s) or Income Beneficiaries. The annuitants are the individual(s) who will receive payments from the charitable gift annuity. A charitable gift annuity may have no more than two (2) annuitants.

Please check one of the following to indicate how you wish to have your gift annuity payments issued.

- One-Life** – One annuitant receives fixed payments for life.
- Joint and 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

Gift annuity payments will be made to the donor(s), unless other payment recipients are named below.

First payment recipient _____

SS # _____ Date of Birth _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Second payment recipient _____

SS # _____ Date of Birth _____ Daytime Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Annuity Type

Will payment of the annuity be immediate or deferred?

Immediate

Deferred - Must be at least one year from date of gift. A deferred charitable gift annuity can be issued for one-life, jointly or with a survivor.

If deferred, complete below:

Payments to begin: (Month) _____ of _____ (year).



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Purpose

Indicate the purpose to which the gift is to be directed. Undesignated contributions will be used for the general good works of the Passionists.

Contribution – Minimum \$10,000.00

Cash \$ _____ Please make check payable to: The Passionists of Holy Cross Province

Securities

Include details if known: otherwise estimate fair market value and indicate the cost basis. Securities must be publicly traded. Please note if a mutual fund.

Description _____

Registered in the name of _____

Date of Acquisition _____ Cost Basis \$ _____

Estimated Fair Market Value \$ _____

Note: Actual fair market value of securities for calculating the amount of the annuity and tax deduction will be determined when the securities are received by the Passionists. The Office of Donor Relations will provide specific asset-transfer instructions after this information has been reviewed and discussed with the donor(s).

Annuity Payment Frequency

Indicate preferred payment frequency:

Monthly

Quarterly

Semi-annual

Annual

Annuity payments will be made via electronic funds transfer (EFT) or direct deposit to the annuitant's checking or savings account. Please complete the enclosed Authorization Form.

Signatures

I/We have received the Disclosure Statement from the Passionists regarding its charitable gift annuity reserves and investments as required by the Philanthropy Protection Act. I/We acknowledge that the Disclosure Statement has been reviewed and its contents are understood. I/We also acknowledge that we have been afforded the opportunity to consult with counsel, a CPA or other tax advisor.

I/We understand that this charitable gift annuity is irrevocable and that, at the death of the last annuitant, the portion of my contribution remaining after satisfying the annuity payment obligation, will be used by the Passionists for the purpose stated above.

Donor signature

Date

Joint Donor signature

Date

Next of Kin

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. *Please notify the Office of Donor Relations, as soon as possible, if this information changes. The Office of Donor Relations can be reached at 800.295.9048, extension 2206, or at donorrelations@passionist.org*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Relationship: _____