

## Charitable Gift Annuity Application\*



<p><b>In order to help strengthen American Baptist Ministry and Mission, I / We would like to arrange a gift of:</b></p> <p><input type="checkbox"/> Cash \$ _____                  Check payable to:                  The American Baptist Foundation</p> <p><input type="checkbox"/> Securities (listed below)</p> <p>_____ Shares of _____ Cost Basis:\$ _____</p> <p>_____ Shares of _____ Cost Basis:\$ _____</p> <p><input type="checkbox"/> Other Property (describe): _____</p>	<p><b>Type of Gift Annuity:</b></p> <p><input type="checkbox"/> One-Life Annuity</p> <p><input type="checkbox"/> Joint or Two-Life Annuity</p> <p><input type="checkbox"/> Deferred Annuity</p> <p>Starting _____</p> <p style="text-align: center;">Minimum Gift is \$10,000 (One Life)                  Minimum Gift is \$20,000 (Two Life)</p> <p><b>Payment Frequency:</b></p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semi-Annually</p> <p><input type="checkbox"/> Annually</p>
---	---

**Please complete the following annuitant information:**

First Annuitant: Name (please print) \_\_\_\_\_

Birth date:	Address _____
	City _____ ST _____ Zip _____
	Social Security No. _____ - _____ - _____ Tel: ( _____ ) _____ - _____
	Email: _____

Second Annuitant: Name (please print) \_\_\_\_\_

(If applicable) Address \_\_\_\_\_

Birth date:	City _____ ST _____ Zip _____
	Social Security No. _____ - _____ - _____ Tel: ( _____ ) _____ - _____
	Email: _____

**Donor Information: (Please complete if other than annuitant):**

Donor Information: Name (please print) \_\_\_\_\_

Birth date:	Address _____
	City _____ ST _____ Zip _____
	Social Security No. _____ - _____ - _____ Tel: ( _____ ) _____ - _____

**The final distribution recommendations** (atleast 50% must benefit an American Baptist ministry):

	%		%
	%		%

I understand that this gift will represent an irrevocable transfer to the American Baptist Foundation.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Advisor: \_\_\_\_\_ Date: \_\_\_\_\_