

Samaritan's Purse CHARITABLE GIFT ANNUITY APPLICATION



Name: _____ Title (optional): _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____ Email Address: _____

Contributed Amount (\$10,000 minimum): _____

Funded by: Check Appreciated Securities Credit Card QCD (70.5 yr and older - please call us before funding)

Name of Security (if applicable): _____ Number of Shares: _____ Cost Basis: _____

Number of Annuitants: One Life Two-life (please fill in the gray box below)

[Please fill in this information only if there is more than one annuitant]

2nd Annuitant's Name: _____ Title (optional): _____

Relationship to Annuitant:

Spouse Sibling Son/Daughter Friend Other: _____

Address (if different from above): _____

Date of Birth: _____ Social Security Number: _____

Type of Annuity (Unless you select "Immediate," annuities must be deferred at least 12 months):

- Immediate Flexible Deferred (1st possible start date: _____)
 Deferred (start date: _____) Commuted (start date: _____) Term (4-25 yrs _____)

Annuity Payment (15th of month):

- Annual (Nov.) Semi-annual (May, Nov.) Quarterly (Feb., May, Aug., Nov.) Monthly (\$10,000+)

Payment Delivery:

- Mail Payment to above address Direct Deposit: Use information on payment or voided check
 Use bank information on file (previous annuitants only)

Is there someone we may contact in case we cannot reach you? Please provide a name and number:

I have received a copy of Samaritan's Purse Gift Annuity Disclosure Statement. I understand this is an irrevocable gift to Samaritan's Purse in the furtherance of its ministry objectives and purposes, and may not be withdrawn.

Donor Signature: _____ Date: _____

Please sign and return this application with your check or information to:
Samaritan's Purse/Donor Ministries P.O. Box 3000 Boone, NC 28607-3000

For More Information

Email us at stewardship@samaritan.org or call us at (833) 345-3422 so that we can assist you through every step of the process.