## 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	n):
Funded by: O Check O Appreciated	d Securities O Credit Card OQCD (70.5 yr and older - please call us before funding)
Name of Security (if applicable):	Number of Shares:Cost Basis:
Number of Annuitants: O One Li	ife O Two-life (please fill in the gray box below)
[Please fill in this information	on only if there is more than one annuitant]
2nd Annuitant's Name:	Title (optional):
Relationship to Annuitant:	
O Spouse O Sibling O S	on/Daughter O Friend O Other:
Address (if different from above):	
Date of Birth:Soc	ial Security Number:
Type of Annuity (Unless you select "Imi	mediate," annuities must be deferred at least 12 months):
O Immediate	O Flexible Deferred (1st possible start date:)
O Deferred (start date:	_) Commuted (start date:) Term (4-25 yrs)
Annuity Payment (15th of month):	
O Annual (Nov.) O Semi-annual (N	May, Nov.) O Quarterly (Feb., May, Aug., Nov.) O Monthly (\$10,000+)
Payment Delivery:	
O Mail Payment to above address C	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:
	Purse Gift Annuity Disclosure Statement. I understand this is an irrevocable ance of its ministry objectives and purposes, and may not be withdrawn.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.