



Charitable Gift Annuity Application

I wish to enter into a Charitable Gift Annuity Agreement with the Catholic Foundation of Southwestern Indiana, Inc.

- This is to be a:***
- Single-Life Agreement (minimum \$10,000)
 - Single-Life Deferred Agreement (minimum \$10,000)
 - Two-Life Agreement (minimum \$10,000)
 - Two-Life Deferred Agreement (minimum \$10,000)

If deferred, annuity payments are to begin in the year _____.
(Must be at least one year after date of this application.)

Please send payments: Annually Semi-Annually Quarterly

Gift is to be used for:

- Area of greatest need as determined by Board of Directors of the Catholic Foundation.
- Endowment _____

I have read the sample annuity agreement and other information provided to me by the Catholic Foundation of Southwestern Indiana, Inc. I fully understand that the Charitable Gift Annuity Agreement of the Catholic Foundation of Southwestern Indiana, Inc. is irrevocable and the individuals I designate will receive payments for life and that the remainder will be used for charitable purposes.

DONOR INFORMATION:

Name: _____

Address: _____

Phone: _____

Email: _____

Signature of Donor

Date

Signature of Spouse (if joint or community property)

Date

Charitable Gift Annuity Application Continued...

BENEFICIARY INFORMATION:

Payments are to be made for life to *FIRST INCOME BENEFICIARY*:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

(To be completed only for two-life agreements.)

Payments are to be made for life to *SECOND INCOME BENEFICIARY*:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Social Security Number: _____

Relationship to first annuitant:

Spouse

Other: _____

CASH GIFTS:

Check enclosed in the amount of \$ _____

Checks should be made payable to: **The Catholic Foundation of Southwestern Indiana**

GIFTS OF STOCK:

The following described stock _____

Number of shares _____

In the case of stock, please contact The Catholic Foundation of Southwestern Indiana, Inc. for instructions before transfer is made.

Please complete this form and return to:

The Catholic Foundation of Southwestern Indiana, Inc.

P.O. Box 4169

Evansville, IN 47724-0169

Phone: (812) 424-5536 Fax: (812) 421-1334 Email: foundation@evdio.org

www.catholicfoundationswin.org