

LIVING LEGACY SOCIETY

*A seed planted today...
brings beautiful blossoms tomorrow.*



AMERICANS FOR
BEN-GURION
UNIVERSITY



APPLICATION FOR ONE-LIFE CHARITABLE GIFT ANNUITY

I wish to give irrevocably to Americans for Ben-Gurion University, as a contribution under its charitable gift annuity program, the sum of \$ _____ in cash and/or the following property:

_____ Cost Basis: _____

ANNUITANT INFORMATION

_____ FULL LEGAL NAME

_____ SOCIAL SECURITY NUMBER

_____ DATE OF BIRTH (MM/DD/YYYY)

MALE FEMALE

Attached is a copy proving age of the annuitant:

Birth Certificate Passport Driver's License Other: _____

PAYMENT INFORMATION

Mail payment to:

_____ ADDRESS

_____ CITY

_____ STATE

_____ ZIP

Deposit payment to:

_____ BANK NAME

_____ BANK ADDRESS

_____ CITY

_____ STATE

_____ ZIP

_____ ACCOUNT NAME

_____ ACCOUNT NUMBER

_____ ABA ROUTING NUMBER

_____ BANK CONTACT NAME

_____ PHONE NUMBER

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GIFT ANNUITY OPTIONS (choose one)

- CURRENT ANNUITY:** Payments begin the last day of the calendar quarter following execution of the gift annuity agreement.
- DEFERRED ANNUITY:** Payments begin the last day of the calendar quarter following the date the annuitant reaches age 65 or on the last day of _____, 20_____.

I request that annuity payments be paid: Quarterly Semi-annually Annually

DONOR INFORMATION

DONOR NAME SOCIAL SECURITY NUMBER

ADDRESS

t
CITY STATE ZIP

PHONE NUMBER

E-MAIL

OTHER CONTACT (besides donor)

NAME RELATIONSHIP

ADDRESS CITY STATE ZIP

PHONE NUMBER E-MAIL

I understand that payments will continue throughout the lifetime of the annuitant. The last payment will be made on the last regular payment date preceding the death of the annuitant.

DONOR SIGNATURE DATE



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