

FOR MORE INFORMATION

Please check the appropriate box below and return this application:

Individual Charitable Gift Annuity

Other Income Plans

Two-Life Charitable Gift Annuity

How to make a bequest in my will

Male Female

Birthdate (*2nd Party*) _____

Other questions _____

Deferred Charitable Gift Annuity

Start my payments at age _____

Memorial Charitable Gift Annuity

APPLICATION

FOR A CHARITABLE GIFT ANNUITY

CONFIDENTIAL

Enclosed is my check for \$_____ to establish a Charitable Gift Annuity with Catholic Extension.

Make checks payable to Catholic Extension.

Minimum age: 55 / Minimum amount: \$5,000

Type of Charitable Gift Annuity

Individual

Two-Life
(complete both sections below)

Deferred
Start my payments at age_____

Payments to be made

Annually

Semi-Annually

Quarterly

Monthly



150 South Wacker Drive, Suite 2000
Chicago, IL 60606
800-842-7804 • www.catholicextension.org

FOR AN INDIVIDUAL CATHOLIC EXTENSION CHARITABLE GIFT ANNUITY

REV./SR./BR.
MR./MRS./MISS/MS.

ADDRESS

CITY

STATE

ZIP

BIRTHDATE

MALE

FEMALE

SOCIAL SECURITY NUMBER

PHONE ()

SIGNATURE

FOR A TWO-LIFE CATHOLIC EXTENSION CHARITABLE GIFT ANNUITY for the second annuitant

REV./SR./BR.
MR./MRS./MISS/MS.

ADDRESS

CITY

STATE

ZIP

BIRTHDATE

MALE

FEMALE

SOCIAL SECURITY NUMBER

PHONE ()

RELATIONSHIP (WIFE, BROTHER, SISTER, ETC.)