



# APPLICATION FOR CHARITABLE GIFT ANNUITY

3801 Eagle Nest Drive, Suite B, Crete, IL 60417 / 888.448.3040 / BarnabasFoundation.com

I/We hereby apply for a:

- Single Life Immediate Pay Charitable Gift Annuity (CGA)
- Joint Life Immediate Pay Charitable Gift Annuity (CGA)
- Single Deferred Charitable Gift Annuity (CGA)
- Joint Deferred Charitable Gift Annuity (CGA)

Payment Frequency:

- Annual (Dec 15)
- Semi-Annual (Jun 15, Dec 15)
- Quarterly (Mar 15, Jun 15, Sept 15, Dec 15)

1st payout date (Deferred Only):

Annuitant Full Name:

SS#:  Email:

Date of Birth:  Preferred Phone:

Second Annuitant Full Name (Joint Only):

SS#:  Email:

Date of Birth:  Preferred Phone:

Address:

City:  State:  Zip:

**TYPE AND AMOUNT OF GIFT (MINIMUM \$10,000)**

I/We enclose a check in the amount of  for issuance of this CGA contract.  
Make check payable to Barnabas Foundation.

I/We will transfer a non-cash gift (described below) for issuance of this CGA contract:

A. Description of asset (*name, ticker symbol*)

B. Number of shares/units:

C. Approximate market value:

D. Total cost basis:

**I/We have received and read the Barnabas Foundation Common Trust Fund Disclosure Document.**

**SIGNATURES**

X  Date:   
Signature

X  Date:   
Signature of Second Annuitant (*Joint Only*)

