

Charitable Annuity Application



If you would like more information about St. Jude Children's Research Hospital or other life income plans, check the appropriate box below:

Individual Gift Annuity
Birthdate _____

Deferred Gift Annuity
Birthdate _____
Start my payments at age _____

Two-Lives Gift Annuity
Birthdate _____
(2nd party)

Charitable Remainder Trusts

I would like to have a gift planning representative in my area call me to discuss a possible gift for St. Jude Children's Research Hospital.
(_____) _____

Or call us at 1-800-877-5833 (Gift Planning Department)



Finding cures. Saving children.

NOTE: This information will be kept confidential.

Application for Charitable Gift Annuity Agreement

ALSAC/St. Jude Children's Research Hospital®
501 St. Jude Place • Memphis, TN 38105 • 800-877-5833

I WOULD LIKE TO ARRANGE A GIFT ANNUITY USING:

CASH in the amount of \$ _____
(Please make check payable to St. Jude Children's Research Hospital.)

APPRECIATED SECURITIES: Please specify name of security _____
Number of units _____ Cost basis (if known) _____

TYPE OF ANNUITY:

Individual Annuity (one-life) Two-Lives Annuity Deferred Annuity
Start payments at age _____

Donor _____ Beneficiary (ies) _____
(owner(s) of asset to be donated) _____
(person(s) to receive payments)

PAYMENTS TO BE MADE:

Annually Semi-annually Quarterly
 I would like my gift annuity to be direct deposited into my bank account.
(PLEASE ATTACH A VOIDED CHECK.)

FOR INDIVIDUAL ANNUITY:

Mr. Mrs. Ms. Miss _____
Address _____
City _____ State _____ Zip _____ Telephone (____) _____
Social Security No. _____ E-mail Address _____
Birth Date _____

(FOR LEGAL COMPLIANCE, PLEASE SEND PROOF OF AGE SUCH AS A COPY OF YOUR DRIVER'S LICENSE.)

FOR TWO-LIVES ANNUITY:

Please fill in the following information for the second annuitant:

Mr. Mrs. Ms. Miss _____
Address _____
City _____ State _____ Zip _____ Telephone (____) _____
Social Security No. _____ E-mail Address _____
Birth Date _____

(FOR LEGAL COMPLIANCE, PLEASE SEND PROOF OF AGE SUCH AS A COPY OF YOUR DRIVER'S LICENSE.)

Relationship to donor _____
(spouse, parent, sibling, friend, etc.)

I understand that a charitable gift annuity is irrevocable. I certify that I have received St. Jude's disclosure statement. I request that my gift be used to further the life-saving research and treatment of the children of St. Jude.

(Date)

(Signature)

(Date)

(Signature)