

# St. Jude Charitable Gift Annuity Agreement Application

## Step 1:

### I WOULD LIKE TO CREATE A ST. JUDE CHARITABLE GIFT ANNUITY

FOR ME ONLY:

Mr.  Mrs.  Miss  Ms. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

( ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Telephone Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date E-mail (to receive information via e-mail)

*FOR LEGAL COMPLIANCE, PLEASE ATTACH PROOF OF AGE, SUCH AS A COPY OF YOUR DRIVER'S LICENSE.*

FOR ME AND A FRIEND/FAMILY MEMBER:

PLEASE FILL IN THE INFORMATION ABOVE FOR YOU AND BELOW FOR THE SECOND ANNUITANT.

Mr.  Mrs.  Miss  Ms. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

( ) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Telephone Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date E-mail (to receive information via e-mail)

Relationship to you: \_\_\_\_\_

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(Please see other side.)*



St. Jude Children's  
Research Hospital

ALSAC • Danny Thomas, Founder

## Step 2:

### I WOULD LIKE TO FUND MY ANNUITY USING:

Cash, in the amount of \$ \_\_\_\_\_

Appreciated Securities

Please specify name of security: \_\_\_\_\_

Number of units \_\_\_\_\_ Cost basis (if known) \_\_\_\_\_

Credit Card Information:

\_\_\_\_\_

Card Number

\_\_\_\_\_

Type of Card

\_\_\_\_\_

Exp. Date

## Step 3:

### I WOULD LIKE MY ANNUITY PAYMENTS MADE:

Annually  Semi-annually  Quarterly  Monthly (requires \$50,000 annuity)

I would like my payments direct deposited to my bank account.

(PLEASE ATTACH A VOIDED CHECK)

I would like my annuity payments deferred.

Start my payments at age \_\_\_\_\_ .

## Step 4:

*I understand that my 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. I understand that I (we) are making a charitable gift and that this application, accompanied by my contribution, creates an irrevocable contract once accepted by St. Jude Children's Research Hospital.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**You may call us toll-free at (800) 395-4341 for assistance completing this form or to answer any other questions you may have. Please return the completed form, along with proof of age and voided check for direct deposit, in the postage paid envelope to:**

Brenda Abshure  
Office of Gift Planning  
501 St. Jude Place  
Memphis, TN 38105

***Finding cures. Saving children.***

[www.stjudelegacy.org](http://www.stjudelegacy.org)



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