



Request for Information
Hillel: The Foundation for Jewish Campus Life
Charitable Gift Annuity Program

TYPE OF ANNUITY

- Single life** (guaranteed payments for life to benefit one person)

Name: _____ Date of Birth: _____

- Two lives** (payments first benefit two persons, and then the survivor for life)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PROPOSED ANNUITY AMOUNT (\$5,000 minimum)

Cash: \$ _____

Appreciated Securities: \$ _____ (Cost basis: \$ _____)

Please forward the Hillel charitable gift annuity benefits illustration to:

Name: _____

Address: _____

Optional information:

Phone Number: _____ Fax Number: _____

(Please indicate best time to call.)

E-mail: _____

This information will be treated with complete confidentiality and you are under no obligation to participate in the program. If you have any questions, please contact Eran Gasko, Esq., Hillel's Director of Gift Planning, at (202) 449-6511, or via e-mail at: egasko@hillel.org.

For a faster reply, you can return this form by fax, (202) 449-6605, Attn: Planned Giving.

Please see reverse to better understand charitable gift annuities.