



**HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE**

**APPLICATION FOR A CHARITABLE GIFT ANNUITY**

**I. ANNUITY AMOUNT & PROPERTY DONATED**

I/We wish to give irrevocably to Hillel: The Foundation for Jewish Campus Life as a gift under its Gift Annuity Program, the sum of \$ \_\_\_\_\_ in cash and/or the following property (marketable securities only):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. ANNUITANT(S) --** Annuity payments are to be made to the following Annuitant(s) *(No more than two annuitants are permitted):*

Annuitant Name \_\_\_\_\_ SS# \_\_\_\_\_  
Male/Female (please circle one) Date of Birth (month/day/year) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if this Annuitant is also the Donor (for purposes of a charitable income tax deduction). Do not complete section III.

Second Annuitant Name \_\_\_\_\_ SS# \_\_\_\_\_  
*( Joint and survivor annuity payments continue until the death of the survivor.)*  
Male/Female (please circle one) Date of Birth (month/day/year) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if this Annuitant is also the Donor (for purposes of a charitable income tax deduction). Do not complete section III.

**III. DONOR** (Complete this section only if the Donor is NOT also the Annuitant.)

Donor Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Donor Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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**IV. PAYMENT INSTRUCTIONS**

I/We request that annuity payments be paid (please check only one):

- annually
- semi-annually
- quarterly (*\$10,000 minimum gift required*)

Payments should be made as follows (please complete only one):

- Mail to Annuitants' address listed above in Section II
- Mail to the following address: \_\_\_\_\_  
\_\_\_\_\_

*Gift Annuity check should be made payable to* \_\_\_\_\_

Deposit directly to the following account:

*Name of Bank* \_\_\_\_\_ *Address* \_\_\_\_\_  
*ABA No.* \_\_\_\_\_ *Account No.* \_\_\_\_\_  
*Name(s) on account* \_\_\_\_\_  
*Contact Person* \_\_\_\_\_ *Telephone No.* \_\_\_\_\_

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**V. PROOF OF AGE**

I have attached the following as proof of age of the Annuitants:

Birth Certificate copy \_\_\_\_\_ Expired passport \_\_\_\_\_ Other \_\_\_\_\_  
Birth Certificate copy \_\_\_\_\_ Expired passport \_\_\_\_\_ Other \_\_\_\_\_

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**VI. SIGNATURES**

I/We represent that all the information contained herein is accurate. I/We understand that payments will continue throughout the lives of the Annuitants. The last payment will be made on the last regular payment date preceding the death of the last Annuitant to die.

Signature(s) of Donor(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

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**Please return to:** Eran Gasko, Esq.  
Director of Gift Planning, Hillel  
800 Eighth Street, NW, Washington, DC 20001  
FAX: (202) 449-6605 (*please also send original copy by mail*)