



228 West Lexington Street
Baltimore, MD 21201-3443
crs.org / crsespanol.org
800.235.2772

APPLICATION FOR CRS Charitable Gift Annuity

I (WE) hereby apply for a CRS Charitable Gift Annuity and give irrevocably the amount of \$_____ or the securities listed on the reverse side for that purpose.
(A minimum contribution of \$5,000 is requested.)

Make checks or money orders payable to **Catholic Relief Services** and return with this application. Please use the blue Planned Giving envelope enclosed or mail to the street address on the reverse side.

Complete this section for a One-Life gift annuity agreement:

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Social Security No. _____
(Proof of age required)

Phone _____ Email _____

I would like to receive annuity payments: Annually Semiannually
 Quarterly Monthly*

Please send a form for direct deposit. *(*Monthly payments must be by direct deposit.)*

I would like to defer my annuity payments to a future date: _____, 20_____

Complete both this section and the one above for a Two-Life gift annuity agreement:

Name _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Social Security No. _____
(Proof of age required)

Phone _____ Email _____

over, please

Complete this section if you are funding your gift annuity with securities.

For transfer instructions please call us at **800-235-2772**, at prompt select option for **Planned Giving**.

Name of Security _____ Number of Shares _____

Cost Basis _____ Date of Acquisition _____

Note: If you are contributing various securities with a portion held more than 1 year and a portion held less than 1 year, please provide a separate cost basis for the long-term and short-term securities.

If more space is needed, please include the information above on a separate sheet.

I understand that based on the information I have provided here, CRS will prepare and send me a Gift Annuity Agreement. The validity of that agreement depends upon a true statement of the date(s) of birth listed, and I declare that all statements I have made here in material consideration for a CRS Gift Annuity Agreement are true and correct.

I further declare that the attached documentation confirming the date(s) of birth (photocopy of driver's license, passport or birth certificate) is (are) true and accurate.

I understand that payments made under a CRS Charitable Gift Annuity Agreement are backed solely by the full faith and credit of Catholic Relief Services—United States Conference of Catholic Bishops, and are not insured or otherwise guaranteed by any government agency.

By signing below, I further acknowledge that I have received, read and understood the CRS Gift Annuity Disclosure Statement at the time of this application, and that all information provided in this application is incorporated into the contract by reference.

Signature _____ Signature _____

Date _____ Date _____

If you have questions about this form or your gift annuity benefits, please contact us at **800-235-2772**, at prompt select option for **Planned Giving**.

CRS Planned Giving, 228 West Lexington Street, Baltimore, MD 21201-3443