

228 West Lexington Street · Baltimore, MD 21201-3443 · (800) 235-2772 · crs.org · crsespanol.org

## **Application for CRS Charitable Gift Annuity**

I (WE) hereby apply for a CRS Charitable Gift Annuity and give irrevocably the amount of <u>\$\_\_\_\_\_\_</u> or the securities listed on the reverse side for that purpose. (*A minimum contribution of* \$5,000 *is required.*) Make checks or money orders payable to <u>Catholic Relief Services</u> and include with this application. Please send in the blue Planned Giving envelope or mail to the street address on the reverse side. (*Do not mail your gift in a CRS envelope that has a P.O. Box Address.*)

Complete this section for a <u>One-Life</u> gift annuity agreement:		
Name		
Address		
City	State	ZIP Code
Date of Birth	Social Securit	ty No
Phone	_ Email	
<b>Y</b> 11111		
I would like to receive annuity payments:	Annually	Semiannually
I would like to receive annuity payments:		Monthly*
<ul> <li>Please send me a form for direct depo</li> </ul>	Quarterly	☐ Monthly*
	Quarterly	☐ Monthly*
Please send me a form for direct depo	Quarterly Quarterly payr	Monthly* ments must be by direct deposit.)
Please send me a form for direct depo Complete both this section and the	Quarterly osit. (* <i>Monthly pay</i> one above for a <u>T</u>	Monthly* ments must be by direct deposit.)
Please send me a form for direct depo          Complete both this section and the         Name	Quarterly osit. (* <i>Monthly payr</i> e one above for a <u>T</u>	Monthly* ments must be by direct deposit.)
Please send me a form for direct depo          Complete both this section and the         Name	Quarterly osit. (* <i>Monthly payr</i> e one above for a <u>T</u>	Monthly* ments must be by direct deposit.)
Please send me a form for direct depo     Complete both this section and the Name Address City	Quarterly osit. (*Monthly pays e one above for a <u>T</u>	Monthly* ments must be by direct deposit.)  Monthly* ments must be by direct deposit.
Please send me a form for direct depo          Complete both this section and the         Name	Quarterly osit. (*Monthly pays e one above for a <u>T</u>	Monthly* ments must be by direct deposit.)  Monthly* ments must be by direct deposit.

For transfer instructions, please call us at <b>1-800-235-2772</b> ; at the prompt, dial extension <b>7324</b> .		
Name of Security	Number of Shares	
Cost Basis	Date of Acquisition	
	ious securities of which a portion has been held more than 1 year ear, please provide a separate cost basis for the securities held erm.	
If more space is needed, please is needed that based on the me a Gift Annuity Agreement.	nclude the information above on a separate sheet of paper. information I have provided here, CRS will prepare and sen The validity of that agreement depends upon a true statemen	
<i>If more space is needed, please i</i> I understand that based on the me a Gift Annuity Agreement. of the date(s) of birth listed, an consideration for a CRS Gift A I further declare that the attac	nclude the information above on a separate sheet of paper. e information I have provided here, CRS will prepare and sen The validity of that agreement depends upon a true statemen of I declare that all statements I have made here in material annuity Agreement are true and correct. hed photocopy(ies) of documentation confirming the date(s) of	
If more space is needed, please is I understand that based on the me a Gift Annuity Agreement. of the date(s) of birth listed, an consideration for a CRS Gift A I further declare that the attac birth (photocopy of driver's lic I understand that payments ma are backed solely by the full fa	nclude the information above on a separate sheet of paper. e information I have provided here, CRS will prepare and sen The validity of that agreement depends upon a true statemen of I declare that all statements I have made here in material annuity Agreement are true and correct. hed photocopy(ies) of documentation confirming the date(s) of	
If more space is needed, please is I understand that based on the me a Gift Annuity Agreement. of the date(s) of birth listed, an consideration for a CRS Gift A I further declare that the attac birth (photocopy of driver's lic I understand that payments ma are backed solely by the full fa Conference of Catholic Bishop government agency. By signing below, I further ack	nclude the information above on a separate sheet of paper. information I have provided here, CRS will prepare and sen The validity of that agreement depends upon a true statemen ad I declare that all statements I have made here in material annuity Agreement are true and correct. hed photocopy(ies) of documentation confirming the date(s) of tense, passport, or birth certificate) is(are) true and accurate. ade under a CRS Charitable Gift Annuity Agreement ith and credit of Catholic Relief Services – United States s, and are not insured or otherwise guaranteed by any	
If more space is needed, please is I understand that based on the me a Gift Annuity Agreement. of the date(s) of birth listed, an consideration for a CRS Gift A I further declare that the attac birth (photocopy of driver's lic I understand that payments ma are backed solely by the full fa Conference of Catholic Bishop government agency. By signing below, I further ack	nclude the information above on a separate sheet of paper. information I have provided here, CRS will prepare and sen The validity of that agreement depends upon a true statemen od I declare that all statements I have made here in material annuity Agreement are true and correct. hed photocopy(ies) of documentation confirming the date(s) of zense, passport, or birth certificate) is(are) true and accurate. ade under a CRS Charitable Gift Annuity Agreement ith and credit of Catholic Relief Services – United States s, and are not insured or otherwise guaranteed by any mowledge that I have received, read and understood the CRS nent at the time of this application.	

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