



CHURCH OF THE NAZARENE FOUNDATION

17001 Prairie Star Parkway, Suite 200
Lenexa, Kansas 66220
(913) 577-2983

CHARITABLE GIFT ANNUITY APPLICATION

Donor #1

_____ M F _____
Name *Social Security Number*

_____ Marital Status: Married Single
Date of Birth

Address: _____

_____ *Home Phone* _____ *Cell Phone* _____ *Email Address*

Donor #2

_____ M F _____
Name *Social Security Number*

_____ Marital Status: Married Single
Date of Birth *Relationship to Donor #1*

Address: _____

_____ *Home Phone* _____ *Cell Phone* _____ *Email Address*

This person is the beneficiary. I am taking this gift annuity out on behalf of another person.

Gift Amount Enclosed: \$ _____ **Payable to Church of the Nazarene Foundation** (\$5,000 minimum)

Payment Frequency: Annually Semi-Annually Quarterly (Electronic direct deposit available)

Donor(s) want (Check One) Highest possible tax deduction for the year of the gift
 Most tax-free annual income possible

Donor(s) want a Deferred Gift Annuity: No Yes Start date (if deferred): _____

Donor(s) want the remainder of the gift annuity to be distributed as follows: (Check One)

Where needed the most

As specified below:

_____ % to _____

_____ % to _____

Unless otherwise instructed, the Foundation will share, in confidence, your gift with the ministry being supported.

Donor #1 Signature Date

Donor #2 Signature Date