



**CHURCH OF THE NAZARENE FOUNDATION**

17001 Prairie Star Parkway, Suite 200  
Lenexa, Kansas 66220

**CHARITABLE GIFT ANNUITY APPLICATION**

Date: \_\_\_\_\_

**Donor #1**

\_\_\_\_\_  M  F \_\_\_\_\_  
*Title Name Social Security Number*

\_\_\_\_\_ Marital Status:  Married  Single  
*Date of Birth*

Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ *Home Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_ *Email Address*

**Donor #2**

\_\_\_\_\_  M  F \_\_\_\_\_  
*Title Name Social Security Number*

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

Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ *Home Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_ *Email Address*

**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 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*

\_\_\_\_\_  
*Donor #2 Signature*

Rep Initials \_\_\_\_\_