

CHARITABLE GIFT ANNUITY APPLICATION



I hereby apply for a Charitable Gift Annuity in the amount of \$ _____ (minimum \$10,000).

Type of Gift* _____ Cost Basis \$ _____ Date of Acquisition _____

*Stocks, mutual funds, bonds, cash, etc. – please attach schedule if other than cash

The contract is to be:

Single Life Two-Life/Joint Annuitants Two-Life/Successive Annuitants

Payments to be made:

Annually Semi-annually Quarterly Monthly

Which is more important to you? (Please check one)

Maximizing your charitable deduction
 Maximizing the tax-free portion of your annuity payments

Annuity Type:

Immediate Payment Deferred Payment

If Deferred, complete either (a) or (b) below:

(a) Payments to begin on the 1st of _____, _____.
(Month) (Year)

(b) Payments may begin on the 1st of _____ in any year during
(Month)
the following period _____ and _____. (Maximum 10 year range)
(First possible year) (Last possible year)

Donor(s) Enter both names if jointly-owned or community property; otherwise enter one name. **Please submit a copy of one of the following acceptable forms of identification for each annuitant: driver's license, birth certificate, passport, or other picture identification showing annuitants birthdate.**

1 st Donor	2 nd Donor
Name _____	Name _____
Social Security # _____	Social Security # _____
Birth Date _____	Birth Date _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

Annuitant(s) If annuitant(s) is (are) other than the donor(s), complete the following. **Please submit a copy of one of the acceptable forms of identification for each annuitant: driver's license, birth certificate, passport, or other picture identification showing annuitants birthdate.**

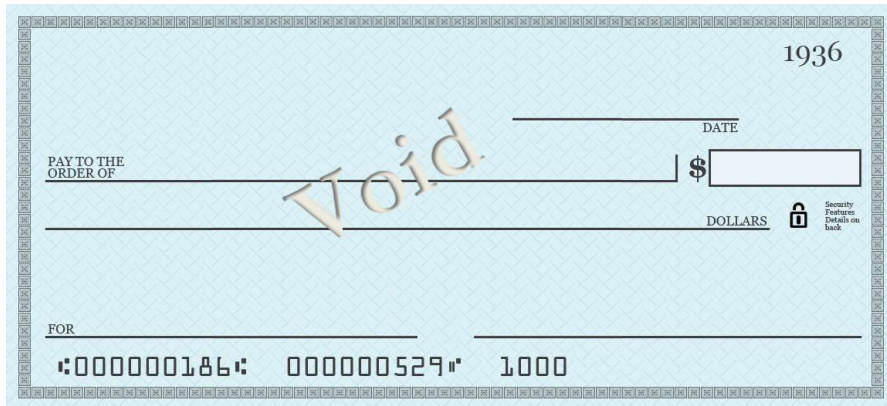
1 st Annuitant	2 nd Annuitant
Name _____	Name _____
Social Security # _____	Social Security # _____
Birth Date _____	Birth Date _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

Payments are sent electronically to your bank account. Please complete the following:

Bank Account Number _____ Bank Routing Number _____

Name of Bank _____ City _____ State _____

****Attach a voided check (not deposit slip) to this application****



I would like the remainder of this annuity distributed to the following ministry(ies):

Remainder Beneficiary #1	Remainder Beneficiary #2
Name _____	Name _____
Percentage _____	Percentage _____
EIN (If Available) _____	EIN (If Available) _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

I wish my gift to remain anonymous

Power of Attorney/Emergency Contact Information:

Name _____

Address _____

Phone _____ Email _____

Relationship to Donor _____

Annuities may be subject to regulation by your state. Payments under this agreement, however, are not protected or otherwise guaranteed by any government agency or any insurance or guarantee association. The Orchard Foundation does not provide legal advice and individuals should seek the advice of their own legal counsel.

Oklahoma Residents: *A Charitable Gift Annuity is not regulated by the Oklahoma Insurance Department and is not protected by any guarantee association affiliated with the Oklahoma Insurance Department.*

Annuities for Donor(s) residing in California, New Jersey, or New York, will be issued by The Christian and Missionary Alliance and administered by The Orchard Foundation.

I have received the disclosure statement from either The Orchard Foundation or The Christian and Missionary Alliance regarding its gift annuity reserves and investments as required under the Philanthropy Protection Act. I understand that a Charitable Gift Annuity is irrevocable and that, at the death of the last annuitant, the portion of my contribution remaining after satisfying the annuity obligation will be used by The Orchard Foundation for the purpose stated.

Donor's Signature _____ **Date** _____

Donor's Signature _____ **Date** _____

<p>Office Use Only</p> <p>Annuity Number _____ Date of Gift _____</p> <p>Rate _____ Annual Amount \$ _____</p> <p>Amount of Each Payment \$ _____</p> <p>Payment Dates and Frequency _____</p>

The Orchard Foundation:
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Mail: The Orchard Foundation, 8595 Explorer Dr., Colorado Springs, CO 80920

Helping God's People Use God's Resources to Fulfill God's Calling