



SSM Health Cardinal Glennon Charitable Gift Annuity Application



Name: _____
Title: (Mr., Mrs., Miss, Dr., Rev.) Last Name First Name Middle Initial

Address: _____
Street

_____ City State ZIP Code

Date of Birth: _____ Phone: _____
Month Day Year Area Code

Social Security Number: _____
(Please make sure all information is completed accurately.)

If this is to be a Joint/Survivorship Gift Annuity, please complete the following.

Second Life-income Beneficiary's Name: _____
Last Name First Name Middle Initial

Address: _____
Street

_____ City State ZIP Code

Date of Birth: _____ Phone: _____
Month Day Year Area Code

Social Security Number: _____ Relationship to Donor: _____
(Please make sure all information is completed accurately.)

Please check the statement(s) that applies to you.

- I would like to establish my Cardinal Glennon Charitable Gift Annuity. I am enclosing a check or money order in the amount of \$_____. Please prepare the legal agreement for my signature. I understand that the legal contract to start my lifetime income will be sent by first class mail the day you receive the money. ***(Please make checks payable to Cardinal Glennon Children's Foundation, our legal Corporate title.)***
- I would like to establish my Cardinal Glennon Charitable Gift Annuity in the amount of \$_____, but I have stocks and/or bonds that I want to use as my gift. Please contact me on how to handle this.
- Upon establishment of my Cardinal Glennon Charitable Gift Annuity, I would like my payments to be direct deposited into my account. I have included a voided check from this account.
- Upon establishment of my Cardinal Glennon Charitable Gift Annuity, I would like my payments to be mailed to my home.
- I am interested in establishing my Cardinal Glennon Charitable Gift Annuity, but I would like more information.
- I hereby attest that the information provided is accurate, since the Cardinal Glennon Children's Foundation agreement with me will depend on these facts. I understand that this annuity is an irrevocable gift and the funds will be used by SSM Health Cardinal Glennon Children's Hospital in their continuing works of mercy.

Date: _____ Signature: _____

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Reasons to acquire a Charitable Gift Annuity

- Attractive rates.
- Tax-free payments—part of each annuity is tax-free.
- Tax deduction—in the year of the gift or up to five years forward.
- Fixed, regular payments—for the rest of your life or designee.
- Make a difference in the lives of thousands of children cared for at SSM Health Cardinal Glennon Children's Hospital.

- The **minimum** level for an annuity is **\$5,000**.
- Annuities can be deferred for up to a maximum of 10 years and annuitant **must be 65 years old when payment starts**.
- Only gifts of cash or publicly traded securities will be accepted for the issuance of a gift annuity.
- Your **next of kin** (or a good friend) who will know of your whereabouts and will be able to provide us with the information we need to continue providing you with your payments. Please note we will only contact this person if we have tried to reach you several times to no avail.

Person to contact: _____ Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Donor Name: _____

Donor Signature: _____ Date: _____