

SAMPLE CHARITABLE GIFT APPLICATION

For Illustrative Purposes Only

DONOR INFORMATION:

Donor Name(s): _____
 Physical Address: _____ City, State, Zip Code: _____
 State of Legal Residence: _____
 Phone: _____ Email: _____
 Date of Birth: _____ Social Security Number: _____

TYPE OF GIFT (Check One):

- Gift Annuity: _____ Current _____ Deferred _____ Flexible Deferred
- Charitable Remainder Annuity Trust
- Charitable Remainder Unitrust: _____ Standard _____ Flip _____ Net Income with Makeup _____ Net Income
- Charitable Lead Annuity Trust Charitable Lead Unitrust
- Pooled Income Fund Other

BENEFICIARY INFORMATION:

Single Life: _____ Joint Lives: Concurrent _____ Consecutive _____

	First Beneficiary	Second Beneficiary
Name:		
Address:		
Social Security Number:		
State of Legal Residence:		
Date of Birth:		
Relationship to Donor:		
Name of Alternative Contact (<i>other than Spouse</i>)/Relationship to Donor		
Phone and Email for Alternative Contact		

PAYMENT INFORMATION: *We strongly recommend that you utilize direct deposit for receipt of your payments. Please attach a voided check.*

Bank Name: _____
 Bank Address: _____
 Bank Phone Number: _____ Representative's Name (*if known*): _____
 Bank Routing Number: _____ Bank Account Number: _____
 Type of Account (*please check one*): _____ Checking _____ Savings

FUNDING ASSET(S):

Who currently holds legal title to the funding asset(s): _____

Total estimated market value of assets to be contributed: _____

CASH Amount from donor(s) account: _____

SECURITIES *Include details if known. Please note if in certificate form or a mutual fund.*

Name on Brokerage Account: _____

Brokerage Firm and Contact person: _____

Broker address, phone number and email: _____

Securities to be transferred:

Asset Name and Ticker	Number of Shares	Estimated Value	Cost Basis	Acquisition Date <i>(if not known indicate if shares have been held for more than one year)</i>

Note: The actual fair market value of securities for determining the value of the gift and tax deduction will be determined once the securities are received by the charity. The final value may be greater or less than your estimated value.

REAL ESTATE

Description / Location / Type *(personal, rental, vacant land)*:

Name(s) of owner(s) on title: _____

Acquisition Date: _____ Cost Basis *(with depreciation schedule)*: _____

Appraised Value: _____ Date of Appraisal: _____

Note: The actual fair market on the gift date for real estate is determined by a qualified appraisal. The cost of the appraisal will be paid by the donor.

DESIGNATED PURPOSE: *Indicate the purpose for which the gift is to be directed. If no designation is indicated then the gift will be used for the charity's general purposes.*

Designation: _____

Percentage or Dollar Amount: _____

I have been advised to obtain legal counsel from an attorney and/or tax advice from an accountant of my choice and at my expense prior to executing any charitable gift agreement.

Signature of Donor(s): _____ Date: _____

Signature of Donor(s): _____ Date: _____