

St. Jude Children's Research Hospital®

Charitable Gift Annuity Agreement

Step 1: I would like to create a St. Jude charitable gift annuity.

Donor

Name (Mr. / Ms. / Mrs. / Other _____) _____

Address _____

City _____

State _____ ZIP _____

Telephone _____ Email _____

Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

I prefer to provide my information by phone. Please have a representative call me at this number: _____

Donor 2 (Optional)

Name (Mr. / Ms. / Mrs. / Other _____) _____

Address _____

City _____

State _____ ZIP _____

Telephone _____ Email _____

Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

I prefer to provide my information by phone. Please have a representative call me at this number: _____

If there is only one donor indicated above, please provide an additional contact in case we cannot reach you at any point:

Name (Mr. / Ms. / Mrs. / Other _____) _____

Address _____

City _____

State _____ ZIP _____

Telephone _____ Email _____

For legal compliance, please attach proof of age, such as a copy of your driver's license.

Income Beneficiary(ies)

If income beneficiary(ies) is (are) same as donor(s) above, please check here:

If not, please supply information below:

Name (Mr. / Ms. / Mrs. / Other _____) _____

Address _____

City _____

St. Jude Children's Research Hospital®

Charitable Gift Annuity Agreement

State _____ ZIP _____

Telephone _____ Email _____

Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

Name (Mr. / Ms. / Mrs. / Other _____) _____

Address _____

City _____

State _____ ZIP _____

Telephone _____ Email _____

Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

- I would like this to be a single gift annuity, where one person receives payments for their lifetime.
- I would like this to be a joint annuity, where the two people indicated receive payments for both their lives. Both names are included on the payment checks.
- I would like this to be a successive annuity, where one person receives payments during their lifetime and, following their death, a second person.

Step 2: I would like to fund my charitable gift annuity using:

- Cash**, in the amount of \$ _____
- Appreciated Securities**
 - Owner of Assets _____
 - Name of Security _____
 - Ticker Symbol _____
 - Number of Units _____
 - Cost Basis _____
 - Date Acquired _____
- Credit Card**
 - Credit Card Number _____
 - Type of Card _____ Exp. _____
 - Date _____ / _____

Step 3: I would like my payments made:

- Annually Semi-annually Quarterly Monthly
- Same as previous annuity
- I would like my payments direct deposited to my bank account.
(Please attach a direct deposit form)

St. Jude Children's Research Hospital®

Charitable Gift Annuity Agreement

I would like my annuity payments deferred. Start my payments at age _____

Note: Deferred gift annuities require at least \$25,000 and minimum age of 55; the start date must be more than 1 year in the future.

I request a rate lower than the suggested ACGA rate: _____% (please enter desired rate)

Desired IRS Discount Rate: Desired Monthly IRS Discount Rate* Higher () or Lower ().

**Please refer to the CGA Helpful Facts information for more information or contact your St. Jude representative.*

Step 4:

I (we) understand that my (our) charitable gift annuity is irrevocable. I (we) certify that I (we) have received St. Jude's disclosure statement. I (we) request that my (our) gift be used to further the lifesaving research and treatment for the children of St. Jude. I (we) understand that I am (we are) making a charitable gift and that this application, accompanied by my (our) contribution, creates an irrevocable contract once accepted by St. Jude Children's Research Hospital.

Signature _____

Date ____/____/____

Signature _____

Date ____/____/____

You may call us toll-free at (800) 395-4341 for assistance in completing this form or with any other questions you may have. Please return the completed form, proof of age and direct deposit form (if applicable) to:

**ALSAC/St. Jude Children's Research Hospital
Attn: Gift Planning
501 St. Jude Place
Memphis, TN 38105**

This form can be submitted by mail, facsimile or hand-delivery. The amount of your contribution that is deductible as a charitable contribution for federal income tax purposes is limited to the excess of your contribution over the value of the goods and services provided by the organization.

(800) 395-4341 | stjude.org/giftannuity





Finding cures. Saving children.

ALSAC • DANNY THOMAS, FOUNDER

501 St. Jude Place | Memphis, TN 38105
(800) 395-1087 | [stjude.org/giftannuity](https://www.stjude.org/giftannuity)