



The **Voice**
of the **Martyrs**

CHARITABLE GIFT ANNUITY APPLICATION FORM

I (we) hereby make application for a gift annuity subject to the following terms and conditions:

DONOR INFORMATION

Donor 1

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____

Date of Birth _____ / _____ / _____

Phone: _____

Email: _____

Donor 2

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____

Date of Birth _____ / _____ / _____

Phone: _____

Email: _____

ANNUITANT INFORMATION (if other than donors)

Must be at least 60 years old when payments begin

Check one:

- One annuitant
- Two annuitants, joint-and-survivorship (payments to both jointly, continuing to survivor)
- Two successive annuitants (payments to one, then to the survivor)

1st annuitant: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Relationship
to donor: _____

Phone: _____

Email: _____

2nd annuitant: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Relationship
to donor: _____

Phone: _____

Email: _____



FUND METHOD

MINIMUM ○ IMMEDIATE: \$10,000 ○ DEFERRED: \$5,000

Cash: \$ _____ Please make checks payable to *The Voice of the Martyrs*.

Securities (Include details if known; otherwise, estimate fair market value and indicate cost basis):

- Description _____

- Acquisition Date: _____

- Cost Basis: _____

Total Estimated Value of All Assets Combined:

\$ _____

Actual fair market value of securities for calculating the amount of the annuity and tax deduction will be determined when the securities are received by the Voice of the Martyrs.

ANNUITY TYPE

Immediate **Deferred**

If deferred, payments are to be deferred _____ years or begin the last day of this month and year: (m) _____ / (y) _____.

Frequency of payment:

Quarterly Semi-annually Annually

If you would like to have your annuity payments electronically deposited into your checking or savings account, please fill in the enclosed “**Authorization Agreement for Direct Deposit.**”

ANNUITY PURPOSE

Please write any special instructions, e.g., specific projects you wish to support. Include percentages if more than one project is designated. Undesignated contributions will be placed in the **Where Most Needed** fund at VOM.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 payment obligation will be used for the purpose stated above.

Oklahoma Residents State law requires that we inform you of the following: A charitable gift annuity is not regulated by the Oklahoma Insurance Department and is not protected by a guaranty association affiliated with the Oklahoma Insurance Department.

Signature of donor(s): _____ Date: _____ / _____ / _____

_____ Date: _____ / _____ / _____