



CHRISTIAN REFORMED HOME MISSIONS

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CHARITABLE GIFT ANNUITY APPLICATION

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Primary Name for Annuity: \_\_\_\_\_

DOB (Date of Birth): \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please Check:  One person annuity  Two person annuity

If Two Person Annuity

Secondary Name: \_\_\_\_\_

DOB (Date of Birth): \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Amount of CGA: \$ \_\_\_\_\_

Total amount to be sent to Home Missions. Normally this is given in even thousands, preferably \$10,000 or more, although we currently accept CGAs of \$1,000 and \$2,000, etc.

Please Check Gift Type:  Cash or Check  Gift of Stock  Gift of Property

Annuity Start Date: \_\_\_\_\_

Preferred Payment Start:  February 28  May 31  August 31  November 30

I wish to receive payments:  Annually  Semi-Annually  Quarterly

*A sizeable portion of the above gift is tax deductible this year.*

PLEASE RETURN APPLICATION TO:  
2850 KALAMAZOO AVENUE SE • GRAND RAPIDS, MI 49560  
PHONE: 800.266.2175 • FAX: 616.224.5884