



THE GREAT COMMISSION  
**FOUNDATION**  
*of Campus Crusade for Christ*

## Gift Annuity Application

### Annuitant Contact Information

PRIMARY ANNUITANT:

CO-ANNUITANT (if applicable):

First Name Initial Last Name

First Name Initial Last Name

Date of Birth Social Security Number

Date of Birth Social Security Number

Address

Address

City State Zip

City State Zip

Home Phone Work Phone

Home Phone Work Phone

**\*\*Please include proof of birth date by sending copy of birth certificate, driver's license, or passport.**

### Type of Annuity

- Immediate Annuity       Deferred Annuity-Begin payment on: \_\_\_\_\_  
 Individual       Joint and Survivor

Ministry Designation: \_\_\_\_\_ or Greatest Need.

### Amount of Annuity

- Cash amount: \_\_\_\_\_ (make checks payable to The Great Commission Foundation)  
 Stock amount: \_\_\_\_\_

### Ownership

- My separate property       Community Property       Jointly held property

If other, donor's name \_\_\_\_\_

Donor's address \_\_\_\_\_