

Charitable Gift Annuity Application



Donor's Legal Name

Donor's Legal Name

Donor's Social Security Number

Donor's Social Security Number

Donor's Date of Birth

Donor's Date of Birth

Address

City State/Zip Code

Home Phone

Office Phone

Gift Type:

1-Life Gift Annuity

2-Life Gift Annuity

1-Life Deferred Gift Annuity

2-Life Deferred Gift Annuity

Deferred gift annuity payments begin:

Frequency of Payments:

Annually Semi-Annually

Quarterly Monthly

Receive Payments by:

Check Direct Deposit (form)

Gift Amount: _____

Annuity Recipient(s): _____

Gift Date: _____

Cash or Non-Cash: _____



SEMINARY RELATIONS

2481 COMO AVENUE, ST. PAUL, MN 55108

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Non-Cash Assets				
If a non-cash asset	Owner/s (Name/s)	Description	Acquisition Date	Asset Basis
Asset #1				
Asset #2				

I/We designate the ultimate use of this gift (100%) to Luther Seminary as follows:

I/We designate the ultimate use of this gift _____% to _____

for: _____

Heritage Society Membership: If your gift qualifies you for membership in the Heritage Society at Luther Seminary, do you wish to accept the gift of the "Nativity" statue?

(This will reduce your charitable deduction by \$275.) Yes No

Donor Signature Date

Donor Signature Date



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