

# CHARITABLE GIFT ANNUITY APPLICATION

## Donor(s) Information

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Primary Residence: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Income Beneficiary(ies) (Maximum of two people)

Same as donor(s) listed above

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Primary Residence: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## The Gift (Minimum gift of \$10,000)

> Cash \$ \_\_\_\_\_ (Make check payable to Wofford College)  
> Securities (Please describe)

Broker name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Acquisition Date: \_\_\_\_\_  
Cost Basis: \_\_\_\_\_

Designation of gift\*: \_\_\_\_\_

*\*If you wish to create a new fund, you are encouraged to speak with a member of the college development staff to ensure that any fund you establish is in accordance with Wofford's gift acceptance policy and to ensure that the fund is used according to your intent.*

## Payment Sequence

Please select one:

- Check payable to individual for his/her life.
- Joint and Survivor: Check payable to (a) and (b) jointly, then one check payable to the survivor.
- Successive Interests: Check payable to (a) for his/her life, then one check payable to (b) if (a) predeceases (b).

## Payment Options

Please make payments:  Annually  Quarterly  Monthly

Payments will be made electronically (EFT) unless otherwise requested. The beneficiary(ies) will be asked to fill out a form authorizing this transaction to their account.

Please defer my payments until this date: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



**Please direct questions to:**  
**Lisa De Freitas**  
Director of Gift Planning  
864-597-4203  
defreitaslh@wofford.edu

**Please return the completed form to:**  
Wofford College / Office of Gift Planning  
429 N. Church Street / Spartanburg, SC  
29303-3663