SACRED HEART SOUTHERN MISSIONS
P.O. Box 300 • Walls, Mississippi 38680 • 888.217.4829 • www.shsm.org

Gift Annuity Application

Dear Father Jack:

❑ I need more information. Please send me a personal illustration of the income I could receive from a Sacred Heart Southern Missions Charitable Gift Annuity. I have completed my information below with my date of birth.

❑ I would like to arrange a gift annuity with Sacred Heart Southern Missions in the amount of $_____ (minimum amount is $1,000). Enclosed is my check or securities for that amount. I am using securities, and my cost basis is $_____.

Type of Gift Annuity:

(please check one)

❑ One-Life Annuity

❑ Two-Life Annuity

(please check one)

❑ Immediate Payment

❑ Deferred Payment (Date of first payment _____)
(mo./yr.)

Payments to be made: ❑ annually ❑ semi-annually ❑ quarterly ❑ monthly (only on gifts of $10,000 or more)

First Annuitant:

NAME (PLEASE PRINT)_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

BIRTH DATE_____ PHONE NUMBER (_____)_____
MONTH DAY YEAR

_____ _____ _____
SIGNATURE DATE SOCIAL SECURITY NUMBER

Second Annuitant: (if applicable)

NAME (PLEASE PRINT)_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

BIRTH DATE_____ PHONE NUMBER (_____)_____
MONTH DAY YEAR

_____ _____ _____
SIGNATURE DATE SOCIAL SECURITY NUMBER