

Charitable Gift Annuity Enrollment Form

Donor Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

If your spouse is also a donor on this annuity, please provide the following:

Spouse Name: _____ Date of Birth: _____

Gift Amount: \$_____ (\$2,500 minimum).

Please select one:

- ☐ I will be giving by check. *(Please make check payable to The Foundation for the Diocese of Helena, Inc.)*
- ☐ I will be giving by transferring appreciated securities-stocks, bonds, and/or mutual funds. *(The Foundation will send you transfer instructions.)*

Please select the option that best meets your charitable gift annuity goals:

- ☐ I would like the annuity calculated to provide the highest possible **tax deduction and tax credit**
- ☐ I would like the annuity calculated to provide the highest possible **income to annuitant(s)**
- ☐ Unsure, please contact me.

If you would like to designate an annuitant **other than yourself** for a one-life annuity, or **other than you and your spouse** for a two-life gift annuity, please complete the following; otherwise leave blank.

- ☐ **One-life gift annuity:**
 - Name of annuitant: _____ Date of birth: _____
- ☐ **Two-life gift annuity:**
 - Name of first annuitant: _____ Date of birth: _____
 - Name of second annuitant: _____ Date of birth: _____

Endowment(s) to benefit from this charitable gift annuity (see accompanying list of endowments or visit our website):

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Return completed application to:

Foundation for the Diocese of Helena | P.O. Box 1729 | Helena, MT 59624
or email foundation@dohmt.org.

Questions? Contact the Foundation at (406) 389-7050.

Thank you!



FOUNDATION
for the Diocese of Helena