

Sacred Heart Southern Missions

Gift Annuity Application

Application for a Gift Annuity Agreement is made to the Sacred Heart Southern Missions, Walls, Mississippi, in the amount of \$ _____ to be issued to:

Mr.
Mrs.
Miss

_____ (Your Name)

_____ (Your Social Security Number)

I was born _____
(Month) (Day) (Year) (City) (State)

and I am a citizen of the U. S., Other: _____

Enclosed is a check bank draft payable to the Sacred Heart Southern Missions,

in the amount of \$ _____ OR: _____ Shares of
(Number)

Stock is enclosed _____
(Name of Stock)

My annuity payments are to be made in the amount of:

\$ _____ \$ _____ \$ _____
(Annually) (Semi-annually) (Quarterly)

and these payments will continue for as long as I live.

I understand these funds may not be withdrawn since this gift is a complete transfer of funds to the Sacred Heart Southern Missions, Walls, Mississippi, for use in the furtherance of its corporate objectives and purposes.

Signed _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Your telephone number will enable us to quickly notify you when your check for your Annuity has arrived safely.

Note: To complete our file on your Annuity contract, please send verification of your age—such as a baptismal or birth certificate, passport, immigration record, service record, or expired driver's license. Your important papers will be returned immediately after copies are made for our records. Please notify us if this presents a special hardship.

**Mail To: Planned Giving Department
Sacred Heart Southern Missions
P. O. Box 300
Walls, Mississippi 38680-0300
Phone: 1-888-217-4829**