



Application: Single-Life Charitable Gift Annuity Agreement

I hereby apply for a Gift Annuity Agreement and desire to give irrevocably the cash amount of \$_____.*

Donor Information (Please Print)

Name (in full) _____ Phone _____

Address _____
Street City State Zip

Date of Birth _____ Social Security Number _____
Month Day Year

Enclosed is my check for \$_____.
 Please make check or money order payable to: **The Camp*aign for American Kids**

Signed _____ Date _____
Signature of Donor

Please mail your completed application to:

**Camp*aign Headquarters
 ATN: Jon Michael Sherry
 11616 Long Meadow Dr.
 Glen Allen, VA 23059**

NOTE: Using highly appreciated stock to fund your gift annuity will help you avoid capital gains taxes, thereby increasing your effective rate of return. Please provide the following information *only* if you wish to use stock.

- | | | | |
|---------------------------------|------------------------------|-------------------------------|---------------------------------|
| 1. _____ | _____ | _____ | _____ |
| <small>Name of Security</small> | <small>No. of Shares</small> | <small>Purchase Price</small> | <small>Acquisition Date</small> |
| 2. _____ | _____ | _____ | _____ |
| <small>Name of Security</small> | <small>No. of Shares</small> | <small>Purchase Price</small> | <small>Acquisition Date</small> |
| 3. _____ | _____ | _____ | _____ |
| <small>Name of Security</small> | <small>No. of Shares</small> | <small>Purchase Price</small> | <small>Acquisition Date</small> |

For more information: (804) 266-7430, or HQ@ForAmericanKids.org

*Payments are made semi-annually unless other arrangements are made by the donor.