

Long Beach Rescue Mission Foundation –

Gift Annuity Inquiry Form

Yes, please tell me how a LBRM-Fdn Gift Annuity can work for me!

Please complete the following: (Please Print)

Name _____

Social Security # _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Male or Female (circle one)
(Month) (Day) (Year)

Telephone (_____) _____

I'm interested in the following types of annuity:

Single-Life Two-Life Deferred

Please complete the following only if interested in a Two-Life Annuity:

Second Name _____
(Please Print)

Social Security # _____

Date of Birth _____ Male or Female (circle one)
(Month) (Day) (Year)

I am interested in funding an annuity for the amount of:

\$5,000 \$7,500 \$10,000 Other \$ _____

I intend to fund my annuity with:

Check or Money Order Through transfer of Stocks or Bonds

I wish to receive my income payments:

Annually Semi-Annually Quarterly

Please defer my payments until I reach age _____.

I would like a personal contact to explain the gift annuity.

Return form to:

Long Beach Rescue Mission
Foundation
Ministry Support Office
P.O. Box 1969
Long Beach, CA 90801

Fax (562) 216-7667