



The Foundation
of the Pennsylvania Medical Society
Education. Wellness. Excellence. Always.

1. By submitting this form and the below information, I/we wish to enter into a gift of annuity agreement with The Foundation of the Pennsylvania Medical Society. Please date: ___/___/___

2. The gift consists of cash in the amount of: \$_____ (minimum of \$15,000)
Please make check payable to: The Foundation of the Pennsylvania Medical Society

The Following securities: _____

Number of Share: _____

Basis of Shares: _____

3. Make annuity of payments for:

One-Life

Two-Life

4. Make annuity payments for:

Quarterly

Semiannually

Annually

5. Payments Details:

FIRST-PAYMENT BENEFICIARY

SECOND-PAYMENT BENEFICIARY (optional)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Birthdate: ___/___/___ Phone: _____

Birthdate: ___/___/___ Phone: _____

Social Security No. _____ - _____ - _____

Social Security No. _____ - _____ - _____

6. I wish the charitable gift value of this annuity to be distributed to The Foundation of the Pennsylvania Medical Society for the following manner(s): _____

7. APPLICANT INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

8. I understand that the charitable gift value of this annuity will be used for the charitable purposes of The Foundation of the Pennsylvania Medical Society. I further understand this agreement is irrevocable and that I will receive a signed Gift Annuity Agreement at a later date. I affirm the statements in this application are true and correct and The Foundation of the Pennsylvania Medical Society. May rely upon these statements in determining the correct payment rate for the annuitant(s).

Signature: _____ Spouse Signature: _____