REQUEST FOR CHARITABLE GIFT ANNUITY ILLUSTRATION

☐ Immediate Charitable Gift Annuity
☐ Deferred Charitable Gift Annuity (Defer payments until _____________)*

* Donor can delay receiving payments from Deferred Gift Annuities until a later date. For Illustrative purposes, please select the year they might wish to begin payments.

Income Beneficiary (ies):
1. Name: ______________________________________   Birthdate: _______________________
2. Name: ______________________________________   Birthdate: _______________________

Amount to be illustrated: $ _______________________________ (Minimum is $10,000)

Type of Gift:    _____ Cash   _____ Securities   _____ Real Estate

If Securities: Approximate current value: $ _____________  Cost Basis $ _____________

Have the securities been held more than one year? _____

Additional Information: _______________________________________________________________
_________________________________________________________________________________

Gift Officer Name/Title: _______________________________________________________________

Name of SUNY Organization: ___________________________________________________________

Address: ___________________________________________________________________________

Phone: ________________________  E-Mail: ______________________________________________

RETURN TO:
Lori A. Matt-Murphy, Associate Vice President
University Development, University at Albany
1400 Washington Avenue, UAB 226
Albany, NY 12222
Phone: (518) 437-5090  toll-free (888) 226-5600  Fax: (518) 437-5089
lmatt-murphy@albany.edu