



THE UNIVERSITY AT ALBANY FOUNDATION

CGA DONOR INFORMATION SHEET

Gift Annuity: Immediate Deferred One-Life Two-Life

Funding: Separate Property Jointly Owned Property Cash Securities

Amount of Gift: \$ _____ Date gift received/date of contract: _____

SUNY Campus/Gift Designation: _____

Name/Contact Info for Gift Officer: _____

Donor(s):

Name: _____ SS#: _____ - _____ - _____

Name: _____ SS#: _____ - _____ - _____

Address: _____ Phone number: _____

Primary Beneficiary:

Name: _____ SS#: ____/____/____

Address: _____ Date of Birth: ____/____/____

Phone Number: _____

Successor Beneficiary: (if applicable)

Name: _____ SS#: ____/____/____

Address: _____ Date of Birth: ____/____/____

Phone Number: _____

Direct Deposit (Please complete and attach Deposit Authorization www.albany.edu/uafoundation/cgap.shtml)

Verify age(s) of Beneficiary(ies) (Please attach copies of driver's license for each beneficiary)

For Gifts of Securities:

Date of Acquisition of Stock when first purchased: ____/____/____

Cost Basis/Per Share when first purchased: _____

DONOR'S SIGNATURE(s): _____

Date: _____

Date: _____