



THE UNIVERSITY AT ALBANY FOUNDATION

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

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

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