

Charitable Gift Annuity Personalized Request to Quote Form

Name				
Address 1				
Address 2				
City		Province	Postal Code	
Phone		TTY VCO		
Email				
Special Calling In	nstructions			
Charitable Gift	Annuity Fields			
Name(s) of Do 1. Donor Nan 2. Donor Nan	ne			
Date of Birth (I	Day/Month/Yea	r)		
1.Date of Birth _ 2 Date of Birth _				
Gender (F/M)	1. Donor	2. D	onor	
Please Quote:_ Survivor	Single Life	Single Life	e	Joint &
Donor(s) Provi	dence of Reside	nce		
Amount to be (Contributed \$	(mir	ոi. investme	nt of \$10,000)
Annuity payme	ents to be paid:			
Monthly	QuarterlySemi-AnnuallyAnnually			

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Quote on the following:

1.)Calculate annuity with a X %	of contribution (minimum
donation 20% or \$2,000) immediate	e gift/donation receipt.
2.)Calculate annuity with a X% immediate gift/donation receipt.	of contribution (minimum 20%)
OF	₹
3.) Annuity income rate of X %	of contribution

Your quotes are not personalized we have not disclosed your name to the company providing the quotes, only relevant information.

You will receive your quote within 5 working days.

Please contact the Manager of <u>Major Gifts and Planned Giving</u> if you have any further questions.

Katherine Hesson-Bolton, Manager Major Gifts and Planned Giving The Canadian Hearing Society 271 Spadina Road Toronto, ON M5R 2V3

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