



Request for Information
American Friends of The Hebrew University

AFHU HEBREW UNIVERSITY GIFT ANNUITY

TYPE OF ANNUITY – Select one:

I. *Single Life* (payments for life to benefit one person)

Name: _____ Date of Birth: _____

II. *Two lives* (payments first benefit two persons, and then the survivor for life)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PROPOSED ANNUITY CONTRIBUTION AMOUNT (\$10,000 minimum):

\$50,000 \$36,000 \$25,000 \$18,000 \$10,000 Other amount _____

Cash: _____ or Securities: _____ (Cost Basis: _____)

Please forward the AFHU Hebrew University Gift Annuity benefits illustration to:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

(Please indicate best time to call.)

E-mail Address: _____

This information will be treated with complete confidentiality and you are under no obligation to participate in the AFHU planned giving program. If you have any questions, please contact Ann Wollock at AFHU (212)607-8584 or e-mail: awollock@afhu.org. You may also return this form by fax, (212) 809-4430, Attn: Ann Wollock.