



REQUEST FOR INFORMATION
AFHU HEBREW UNIVERSITY GIFT ANNUITY

TYPE OF ANNUITY

SINGLE-LIFE (payments for life to benefit one person)

 (Name)

 (Date of Birth)

 (Address)

TWO-LIFE (payments first benefit two persons, and then the survivor for life)

 (Name)

 (Date of Birth)

 (Name)

 (Date of Birth)

 (Address)

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

\$50,000

\$25,000

\$10,000

\$36,000

\$18,000

Other Amount \$ _____

Cash: _____

or Securities: _____

(Cost Basis: _____)

PLEASE SEND ME THE AFHU HEBREW UNIVERSITY GIFT ANNUITY BENEFITS ILLUSTRATION

Please mail to the address above.

Please call me to discuss at _____

Please indicate the best time to call _____

Please fax me at _____

Please email me at _____

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 email: plannedgiving@afhu.org. You can also fax this form to 212.809.4430, Attn: Ann Wollock.



One Battery Park Plaza
 25th Floor
 New York, NY 10004

E: info@afhu.org
 T: 212.607.8500
 W: www.afhu.org