

A Charitable Gift Annuity provides a powerful tool by which donors can support the Sisters of the Living Word, while providing themselves a guaranteed income for life—usually at above-market rates.

Single Life Annuity Rates

Age	Rate	Age	Rate
70	5.1 %	81	7 %
71	5.3 %	82	7.2 %
72	5.4 %	83	7.4 %
73	5.5 %	84	7.6 %
74	5.7 %	85	7.8 %
75	5.8 %	86	8.0 %
76	6.0 %	87	8.2 %
77	6.2 %	88	8.4 %
78	6.4 %	89	8.7 %
79	6.6 %	90+	9.0 %
80	6.8 %		

Support the Sisters of the Living Word with a



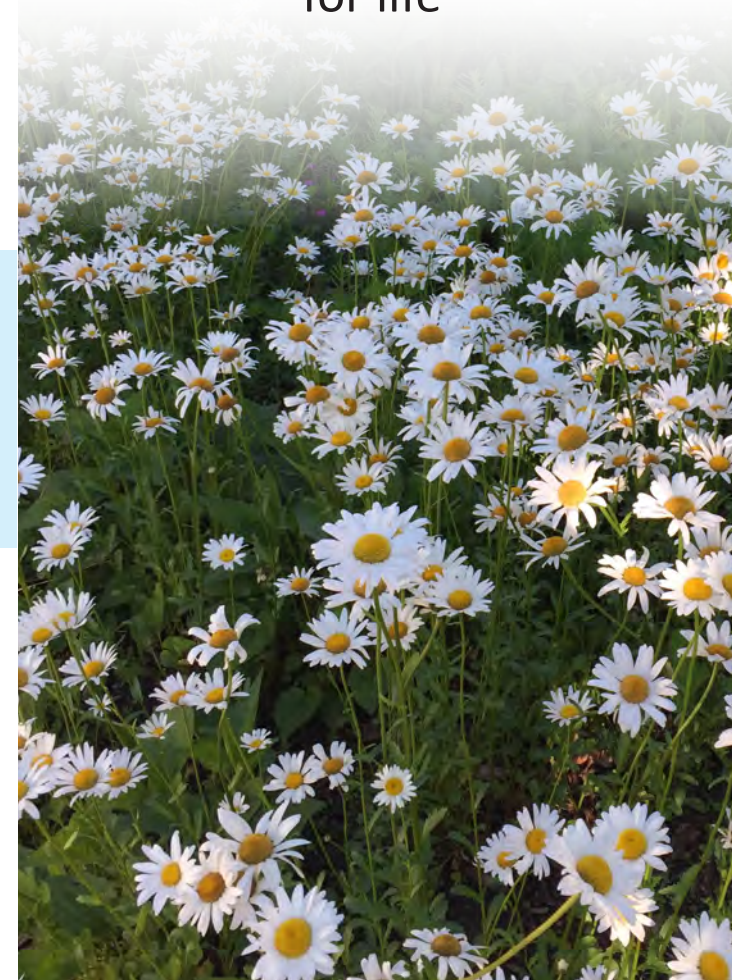
and receive income for life

“I think it is a good thing, in the financial world. I believe it is a way of supporting the sisters. It allows the Sisters of the Living Word to promote their mission and do the work they do. There is a return to the person providing the annuity. It is a win-win all the way for both parties.”

—Mark Mass, brother of Sister Barbara



slw.org • 847-577-5972





Partner with the Sisters with your Charitable Gift Annuity

Under this program, a donor makes a contribution of cash or securities to the Sisters of the Living Word, and in return, receives an income guaranteed for life (and the life of another beneficiary, if desired). The donor also enjoys certain tax advantages associated with the contribution and the income derived from the annuity.

Upon the death of the annuitant(s), the remainder is distributed to the Sisters of the Living Word. Charitable Gift Annuities ensure that the aging Sisters will be cared for as well as providing for the continuation of their ministries.



The National Catholic Community Foundation manages the Charitable Gift Annuities for the Sisters. One may invest a minimum of \$10,000 to establish a Charitable Gift Annuity.

For more information on the Sisters of the Living Word Charitable Gift Annuity program please contact Margaret Mei, Director of Mission Advancement at 847-577-5972 ext. 226 or email mmei@slw.org.

Sisters of the Living Word Charitable Gift Annuity Application Form Minimum \$10,000

Donor(s)

1. Name(s) _____
2. Address _____ City _____ State _____ Zip _____
3. Telephone () _____
4. Birth date(s) _____

Person(s) to whom Life Income Payments are to be made

Single life OR first of two life income beneficiaries

5. Name _____
6. Address _____ City _____ State _____ Zip _____
7. Telephone () _____
8. Birthday _____
9. Gift Annuity: Indicate preferred payment schedule: () Quarterly () Semi-annual () Annual

Form of Gift

10. () Check Amount: \$ _____ Dated: _____, 2018.
Please make checks payable to National Catholic Community Foundation
11. () I prefer to donate stock. Please contact me.

Request for Direct Deposit of Annuity (Life Income) Payments

12. Do you wish direct deposit? Yes () No ()

If yes, fill out bank name and attach a copy of a voided check where the deposit is to be made.

Bank Name _____
Address _____ City _____ State _____ Zip _____
Account number _____

Authorization:

Signature of Donor(s) _____ Date _____

Return this application form to: Margaret Mei, Director of Mission Advancement
Living Word Center, 800 N. Fernandez #B, Arlington Heights, IL 60004