



BILLINGS COMMUNITY FOUNDATION
Gift Annuity Application

To start a gift annuity donation with the Billings Community Foundation, please complete the application below and return it to:

Attn: Planned Giving Officer
Billings Community Foundation
PO Box 1255
Billings, MT 59101

Donor and Gift Information:

_____ Deferred Charitable Gift Annuity # _____ (assigned by BCF)

_____ Donor Advised Fund _____ Current Pay Gift Annuity# _____

1. Name(s): _____
2. Address: _____
3. Phone: (406) _____
4. Email: _____
5. Donor 1 – Birthdate: _____ Social Security: _____
Donor 2 – Birthdate: _____ Social Security: _____
6. Date of Gift: _____
7. Type: Cash \$ _____ Securities \$ _____
8. Value of Gift \$ _____
9. If Securities - Investment Name: _____
Cost Basis (if known): \$ _____
10. Name of Benefitting Endowment Fund: _____
11. Organization Address: _____
12. Organization’s TAX ID number (if known): _____
13. Donor’s Estimated Federal Tax Bracket: _____% (25% is the default if this is left blank)

BCF Internal Worksheet:

Valuation for Federal Charitable Gift Purposes: \$ _____

Estimated Federal Tax Savings: \$ _____

40% MT Income Tax Credit: \$ _____

Capital Gains Tax Rates & Est. Savings (_____% Federal); \$ _____ ; 4.9% State)

Total Estimated Tax Savings: \$ _____

Out of pocket cost of gift: \$ _____

Single or Joint Life Expectancy (MT tables): _____ years

Amount and date of first annual payment: \$ _____ Date: _____