



WHAT IS A CHARITABLE GIFT ANNUITY?

A charitable gift annuity is a simple contract between you and Catholic Diocese of Marquette.

In exchange for your irrevocable gift of cash, securities, or other assets, Catholic Diocese of Marquette agrees to pay you or 1-2 other annuitants a fixed sum each year for life. The older your designated annuitants are at the time of the gift, the greater the fixed payments Catholic Diocese of Marquette can agree to pay. In most cases, part of each payment is tax-free, increasing each payment's after-tax value.

Payments may be made annually, semiannually, or quarterly.



Diocese of Marquette Charitable Gift Annuity Rates Effective Jan. 2013 Single Life

Age	Rate	Age	Rate
50	3.7%	73	5.5%
51-52	3.8%	74	5.7%
53-54	3.9%	75	5.8%
55	4.0%	76	6.0%
56-57	4.1%	77	6.2%
58	4.2%	78	6.4%
59	4.3%	79	6.6%
60-61	4.4%	80	6.8%
62-63	4.5%	81	7.0%
64	4.6%	82	7.2%
65	4.7%	83	7.4%
66-67	4.8%	84	7.6%
68	4.9%	85	7.8%
69	5.0%	86	8.0%
70	5.1%	87	8.2%
71	5.3%	88	8.4%
72	5.4%	89	8.7%
		90+	9.0%



For a free, confidential and no obligation proposal on how a Charitable Gift Annuity could benefit you, complete and return the form below



For more information:

Terri Gadzinski, Executive Director, Stewardship & Development, Diocese of Marquette Phone 906/227-9108 • Email tgadzinski@dioceseofmarquette.org



Diocese of Marquette
Charitable Gift Annuity Proposal
Complete and return this form
for a confidential and personalized proposal.

Please send me information about:

_____ Single-Life Gift Annuity - OR - _____ Two-Life Gift Annuity

_____ Deferred Gift Annuity: Payments Beginning ___/___/___

I would like to receive annuity payments:

_____ annually _____ semi-annually _____ quarterly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Date of Birth: ___/___/___ _____ Male _____ Female

Dollar amount of gift to fund annuity \$ _____
(\$5,000 minimum required)

Specify: ___ Cash - OR - ___ Securities

Cash basis if funded with securities \$ _____

Second Income Recipient
(Complete for two-life plans only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: ___/___/___ _____ Male _____ Female

Return to:

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