



Information Needed for a Crescendo Illustration  
*Charitable Giving Annuity*

Person 1: \_\_\_\_\_  
First M Last

Person 2: \_\_\_\_\_  
First M Last

**Birth Date(s)**

Person 1: \_\_\_/\_\_\_/\_\_\_\_\_ Person 2: \_\_\_/\_\_\_/\_\_\_\_\_

Proposed Gift Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Payout Frequency**

- Monthly
- Quarterly
- Semi-annually
- Annually

**Type of Asset**

- Cash
- Stock
- Real Estate

Fair market value of asset: \$\_\_\_\_\_

Cost basis of the asset: \$\_\_\_\_\_

*Please call the Charitable Giving Department at (619) 235-2300 to request an illustration.*