



Now your beneficiary can receive up to a \$5,000 gift of love at the time of your death if you are a participant in our caring benevolence program, Caring Gift of Love (CGOL).

Here is how the CGOL program works. Those participating in the program will send a gift of love to the caring benevolence program, CGOL, each month or annually. The CGOL administrative counsel will send you a receipt for your love gifts on an annual basis.

When there is a death need, CGOL will send one check out to the beneficiary, with an attached letter with all the names of those participants who have participated in the gift. Twice a year the ministry will send the participants, a newsletter with updates and information about the work and vision of CGOL.

CGOL is not insurance, but a ministry benevolence program. The money you send to the ministry is a gift. The money the ministry sends to your beneficiary is also a gift. The ministry council that administrates CGOL shall first pay all administrative costs of the CGOL program from the love gifts received from participants. The remaining balance of the love gifts will be retained in the ministry CGOL benevolence fund.

A Participant must understand that if all the participants who have joined the ministry benevolence program, CGOL had a death need the same day, then the total money to be paid to the beneficiaries would not be there. The CGOL administrators would then have to send out smaller gifts. However, CGOL participants do not all live in the same geographical area and it is highly

unlikely all would have a death need the same day. On the other hand, at the end of each year, should the ministry council members that are administrating the ministry benevolence program, CGOL, find that there are adequate funds to meet the CGOL gift needs, the surplus may be gifted to the ministry mission fund for Christian mission work.

The amount a participant shall gift to the ministry benevolence program, CGOL, and the beneficiary gift amount is as follows:

Monthly Gift to Ministry	Gift to Beneficiary
\$100 or More	\$5,000
\$80	\$4,000
\$60	\$3,000
\$40	\$2,000
\$20	\$1,000
\$10	\$500
\$5	\$250

Note: A participant who is 60 years old to 70 years old when enrolling in CGOL the above gift to Beneficiary shall decrease 50%.

Beneficiaries can be individuals or Christian Ministries. All ages from 1 year to 70 years old can participate. All gifts by a participant to the CGOL program given on a monthly, basis must be in the form of an automatic bank debit plan or other acceptable arrangements.

Applicant may participate whether applicant is or is not a practicing Christian. Applicant must not have or have had any medical problems or illnesses within the last two years that might cause death.



Checklist of Understanding

CGOL must have this form on file for all new participants.
Please initial the following:

- ___ 1. I understand that my annual (gifts) checks to CGOL enables CGOL to help me in the following ways: To keep information that concerns me or my family's participation; To print, publish and mail a newsletter periodically listing those in need so that I may, if I choose, pray for them, send cards or letters of encouragement and a gift of money; To publish needs, chosen by CGOL, in the newsletter as they see fit. For this gift, I will receive information of people and Christian Ministries who need help, whether or not I respond to a need.
- ___ 2. I understand **CGOL is not insurance** and no guarantees are given to those who participate in the program.
- ___ 3. I understand that I am under no compulsion to give to the financial needs of other participants in CGOL.
- ___ 4. I understand that I, or the beneficiary I listed, have no legal right to receive money from CGOL itself or other participants, but upon my death my need will be shared with other participants.
- ___ 5. I understand that the participants in the CGOL Program do so because they desire to share in the needs of others and have their own needs shared in a manner as closely as possible to that outlined in Scripture, particularly Galatians 6:2, "Bear ye one another's burdens, and so fulfill the law of Christ," and Acts 4:35, "...and distribution was made unto every man according as he had need."
- ___ 6. I understand that if I die, the risk of CGOL giving my beneficiary a gift of love remains on whether or not other participants may send gifts to help share those needs. I also understand any surplus of funds will be used for Christian mission work.
- ___ 7. I understand no Caring Gift of Love will be given to a beneficiary if the participant dies by suicide.
- ___ 8. I understand that my beneficiary must notify CGOL upon my death, within six (6) months, to be eligible for the gift of love.
- ___ 9. I understand that the CGOL Program is **not** approved or endorsed by the Department of Insurance in any state and any claims or losses are not protected by any state agency.
- ___ 10. I understand that participants send a monetary gift to CGOL to share one another's burdens and all gifts from participants are voluntary.
- ___ 11. I understand CGOL is a Christian Ministry and I may participate whether I am or am not a practicing Christian.
- ___ 12. I understand that I must not have or have had any medical problems or illnesses within the last 2 years that might cause death.

To participate, send your check for the amount necessary, including one voided check, and you will receive a newsletter semi-annually. Make your check payable to Help and Caring Ministries of America CGOL. **I have initialed each of the above statements and sign here of my own free will:**

Signed _____ Date _____

Please Print Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

SS# _____ Date of Birth _____

Please fill out and mail to:

Help and Caring Ministries
Caring gift of Love
P.O. Box 850
West Fargo, ND 58078
Make checks payable to
Caring Gift of Love
Or
Pay online @ <https://www.helpandcaringministries.org/donate-online.html>

Caring Gift of Love

Please Mark Your Program Choice Here:

Monthly Gift to Ministry	Gift to Beneficiary	Check One
\$100 or More	\$5,000	<input type="checkbox"/>
\$80	\$4,000	<input type="checkbox"/>
\$60	\$3,000	<input type="checkbox"/>
\$40	\$2,000	<input type="checkbox"/>
\$20	\$1,000	<input type="checkbox"/>
\$10	\$500	<input type="checkbox"/>
\$5	\$250	<input type="checkbox"/>
Other \$ _____	Gift \$ _____	<input type="checkbox"/>

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I authorize CGOL to debit my checking account

\$ _____ MONTHLY or ANNUALLY

(enclose a blank check)

Bank or Credit Union Name _____

Routing Number _____

Account Number _____

I authorize CGOL to debit my credit card

\$ _____ MONTHLY or ANNUALLY

MC Visa

CC# _____

Exp. Date _____

CVC / CVV (Number on Back of Card) _____

I have not been sick or ill with any terminal illness in the last 2 years. I believe I am in good health.

In the last 2 years I have had the following illnesses, please explain. _____

I understand CGOL has the right to reject my participation.

Beneficiary's Name: _____

Beneficiary's Address: _____

City _____ State _____ Zip _____

My first gift amount to CGOL is \$ _____

Sponsor's Name _____

Sponsor's ID Number _____ Date _____