



Planned Gifts Report Form

Utilize the form below to timely report notifications of planned gifts to The Catholic Foundation of Central Florida for assistance with gift processing in accordance with diocesan and IRS guidelines. Completion of areas marked with an asterisk are required. Please forward this form, copy of any will/trust and probate documents – including those requiring Bishop John Noonan’s signature to Lisa Henrickson at lherrickson@cfcf.org or by mail to PO Box 4905 | Orlando, FL 32802. If you have any questions, please call Lisa at (407) 246-7177.

Parish Name: _____

Report Completed by: _____ **Date:** _____

GIFT 1:

*Estate of _____ Deceased Date ___/___/___
(Donor’s Name)

*Gift Amount \$ _____ *Gift Restrictions _____
(Mark N/A if amount is not specified in documents received.)

*Date Notified _____ We have received a check Date Check Received _____

*Gift Type Will Trust Life Insurance Real Estate Endowment
 Retirement Plan/IRA Bank/Stock Account Other _____

*I have attached a copy of the estate documents and a copy of the check (if received) to this report.

GIFT 2:

*Estate of _____ Deceased Date ___/___/___
(Donor’s Name)

*Gift Amount \$ _____ *Gift Restrictions _____
(Mark N/A if amount is not specified in documents received.)

*Date Notified _____ We have received a check Date Check Received _____

*Gift Type Will Trust Life Insurance Real Estate Endowment
 Retirement Plan/IRA Bank/Stock Account Other _____

*I have attached a copy of the estate documents and a copy of the check (if received) to this report.



GIFT 3:

*Estate of _____ Deceased Date ___/___/___
(Donor's Name)

*Gift Amount \$ _____ *Gift Restrictions _____
(Mark N/A if amount is not specified in documents received.)

*Date Notified _____ We have received a check Date Check Received _____

*Gift Type Will Trust Life Insurance Real Estate Endowment
 Retirement Plan/IRA Bank/Stock Account Other _____

*I have attached a copy of the estate documents and a copy of the check (if received) to this report.

GIFT 4:

*Estate of _____ Deceased Date ___/___/___
(Donor's Name)

*Gift Amount \$ _____ *Gift Restrictions _____
(Mark N/A if amount is not specified in documents received.)

*Date Notified _____ We have received a check Date Check Received _____

*Gift Type Will Trust Life Insurance Real Estate Endowment
 Retirement Plan/IRA Bank/Stock Account Other _____

*I have attached a copy of the estate documents and a copy of the check (if received) to this report.

GIFT 5:

*Estate of _____ Deceased Date ___/___/___
(Donor's Name)

*Gift Amount \$ _____ *Gift Restrictions _____
(Mark N/A if amount is not specified in documents received.)

*Date Notified _____ We have received a check Date Check Received _____

*Gift Type Will Trust Life Insurance Real Estate Endowment
 Retirement Plan/IRA Bank/Stock Account Other _____

*I have attached a copy of the estate documents and a copy of the check (if received) to this report.