

## **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 Ihenrickson@cfocf.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 Compl	eted by:		Date:				
GIFT 1:							
*Estate of	(Donor's		Deceased Date				
	(טווסט)	s Name)					
*Gift Amount	\$	*Gift Restri	ctions				
(Mark	N/A if amount is	not specified in a	documents received.)				
*Date Notified		☐ We have received a check Date Check Received					
*Gift Type			☐Life Insurance ☐Bank/Stock Account				
□ *I have atta	ched a copy of t	he estate docume	ents and a copy of the check (	f received) to this	s report.		
GIFT 2:							
*Estato of				Docoacod Dato	//		
Listate of	(Donor's Name)		<del></del>	Deceased Date			
			ctions documents received.)				
*Date Notified		_ □ We have r	eceived a check Date Cl	neck Received			
*Gift Type			☐Life Insurance				
	□ Retirement Plan/IRA □ Bank/Stock Account □ Other						
□ *I have attached	ched a copy of t	he estate docume	ents and a copy of the check (	f received) to this	report.		



## GIFT 3:

*Estate of				Deceased Date			
	(Donor's	Name)					
*Gift Amount	\$	*Gift Restri	ctions				
			documents received.)				
*Date Notified	ed			Date Check Received			
*Gift Type			☐ Life Insurance				
□ *I have attac			☐ Bank/Stock Account ents and a copy of the check				
GIFT 4:							
*Estate of				Deceased Date			
	(Donor's	Name)					
			ctions documents received.)				
*Date Notified		☐ We have r	eceived a check Date C	Check Received			
*Gift Type			☐ Life Insurance ☐ Bank/Stock Account				
□ *I have attao			ents and a copy of the check				
GIFT 5:							
*Estate of				Deceased Date			
	(Donor's	Name)					
			ctions documents received.)				
*Date Notified							
*Gift Type	□Will □Retirement I	□Trust Plan/IRA	☐ Life Insurance ☐ Bank/Stock Account	☐Real Estate ☐Other	□Endowment		
□ *I have attac	ched a copy of th	e estate docume	ents and a copy of the check		report.		