



## Planned Gift Statement

This document is intended as an information sharing piece only. By completing this document you are merely reporting your intention to complete a planned gift for one or more of the parishes, schools or organizations with the Des Moines Diocese and have not notified anyone of this planned gift previously. By doing so, you will be recognized as a member of the Legacy Society within the Catholic Foundation of Southwest Iowa. Thank you for your generosity!

In order to accurately document your intention, please complete this form with as much detail as you are willing to share. Specific gift information will remain confidential and does not create a binding agreement.

**Parish/School/Organization(s) receiving gift:**

\_\_\_\_\_

### Contact information

Name of donor #1: \_\_\_\_\_

Name of donor #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

I/We prefer to have all aspects of our planned gift remain anonymous.

### Gift Description

This private information is for the Catholic Foundation of Southwest Iowa files only. It allows for us to plan for future events and community recognition.

- Will or Trust       Charitable Gift Annuity       Charitable Remainder Trust  
 IRA/401K       Life Insurance Policy       Other Item or Asset (ex: art, real estate, etc.)

**Catholic Foundation of Southwest Iowa**

601 Grand Avenue | Des Moines, IA 50309 | 515-237-5044 | [www.catholicfoundationiowa.org](http://www.catholicfoundationiowa.org)



### Specific Gift information

#### Will or Trust

If your gift is included in a will or trust, please provide the following: Executor(s) or Trustee(s)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Beneficiary Designation

If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Charitable Gift Annuity

The not for profit who you wrote the annuity through: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Single Life Annuity     Two Life Annuity    Initial gift amount: \$ \_\_\_\_\_

Please return this form (with copies of any relevant documents) to:

Catholic Foundation of Southwest Iowa  
601 Grand Ave.  
Des Moines, IA 50309

The Catholic Foundation of Southwest Iowa is recognized as a 501(c)3 organization.  
Our Tax ID Number: 45-5577090

**Catholic Foundation of Southwest Iowa**

601 Grand Avenue | Des Moines, IA 50309 | 515-237-5044 | [www.catholicfoundationiowa.org](http://www.catholicfoundationiowa.org)