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PREPARING FOR

*Forever.*

PERSONAL/LEGAL INFORMATION  
Organizer

Your source to record  
all personal information in  
one convenient place.



**Catholic Foundation**  
OF EASTERN PENNSYLVANIA

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## Preparing for the unexpected

Please use this organizer to gather detailed contact, legal and financial information for you and your loved ones. Knowing where your documents are stored will save you, your loved ones and your executor time and stress if an emergency happens.

In addition to keeping a list of where these documents are located, consider attaching copies of your documents to this organizer. Be sure to store this organizer in a secure place, such as a fireproof safe–deposit box.

## How to Use this Planning Guide

Planning your end-of-life decisions shouldn't be frightening or difficult. Just picking up this guide is a start to planning; you can make the simplest plans, or you can plan each detail. It's all up to you. We encourage you to use this guide as a tool and a gift, and we encourage you to share this as a gift to your friends and family. You choose!

Following the death of a loved one, people may have many questions as to what should be done, and where to start. This booklet is designed to help assist them during this time. Information provided to your loved one within these pages will give them the direction and guidance you need.

Should you need further assistance, please feel free to contact the Catholic Foundation of Eastern Pennsylvania.

## Keeping It Up to Date

Keeping this record up-to-date will provide your loved ones with accurate answers to many questions they will face at what could be the most difficult time of their lives.

The death of a loved one can be one of the most distressing and emotional occurrences that a person can experience. When a loved one dies, there are many important decisions that must be made, documents that must be quickly located, and numerous people who must be notified. Often, these decisions are made without guidance and under extreme duress from grief and confusion.

The Catholic Foundation of Eastern Pennsylvania has created this organizer to provide focus and guidance for you. It is our hope that by having all of your important information in a central organizer, there will be less stress and pressure on your family members after you have departed.



**Catholic Foundation**  
OF EASTERN PENNSYLVANIA

# *A Note to My Loved Ones*

I have created this record to provide my family with information they will need after my death. I have included here my own name and address. It includes financial and personal information that will be needed to settle certain affairs, as well as preferences and suggestions for arrangements that must be made. I hope this record will help make a difficult time easier for my family.

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Where I keep all or portions of this information on file:

Church (Parish): \_\_\_\_\_

Cemetery: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Attorney: \_\_\_\_\_

Home: \_\_\_\_\_

Family: \_\_\_\_\_

Other: \_\_\_\_\_



**Catholic Foundation**  
OF EASTERN PENNSYLVANIA

# Personal/Family Information

## Your Information

NAME

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ADDRESS

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CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER

## Spouse/Partner

NAME (INCLUDING MAIDEN NAME)

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DATE OF BIRTH	SOCIAL SECURITY NUMBER
---------------	------------------------

## First Child

NAME

---

ADDRESS

---

CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER

## Second Child

NAME

---

ADDRESS

---

CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER

## \*Other Dependent -Relationship:

NAME

---

ADDRESS

---

CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER

\*For other children or dependents, please see attached.

# Important Contacts

## Attorney Information

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

## Landlord Information

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

## Investment Advisor/Financial Planner Information

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

## Accountant Information

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

## Tax Preparer

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

## Primary Care Physician Information

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Primary Care Physician Information

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Specialty Physician

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Specialty Physician

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Emergency Contact

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Additional Contact

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Additional Contact

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

### Additional Contact

NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP

# Important Documents

Personal Documents	Location
Social Security Card	
Driver's License Number	
Birth Certificate	
Passport/Visa	
Marriage Certificate	
Prenuptial Agreement	
Divorce Decree	
Adoption Document(s)	
Military Discharge/Military ID	
Green Card/Naturalization Papers	

Financial Documents	Location
Deeds/Titles to Property	
Life Insurance Document(s)	
Auto Insurance Document(s)	
Home Insurance Document(s)	
Health Insurance Document(s)	
Loan Document	
Retirement Benefit Statement(s)	
Investment and Savings Document(s)	
State and Federal Income Tax Returns	
Employer/Union Benefits Information	

Estate Planning	Location
Will	
Living Will	
Power of Attorney	
HIPAA Document(s)	
Trust Name Change	
Letter of Instruction	

Other Documents	Location



# Financial Information

## Safety Deposit Box

LOCATION OF SAFETY DEPOSIT BOX KEYS AND NAME OF INDIVIDUAL WHO HOLDS THE KEY	SAFETY DEPOSIT BOX NUMBER
NAME OF INSTITUTION	
ADDRESS	PHONE

## Savings Account

ACCOUNT NUMBER	ACCOUNT HOLDER/S	
BANK NAME/LOCATION	BANK PHONE	WEBSITE/PASSWORDS
BENEFICIARIES	LOCATION OF STATEMENTS	

## Savings Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER/S	
BANK NAME/LOCATION	BANK PHONE	WEBSITE/PASSWORDS
BENEFICIARIES	LOCATION OF STATEMENTS	

## Checking Account

ACCOUNT NUMBER	ACCOUNT HOLDER/S	
BANK NAME/LOCATION	BANK PHONE	WEBSITE/PASSWORDS
BENEFICIARIES	LOCATION OF STATEMENTS	

## Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER/S	
BANK NAME/LOCATION	BANK PHONE	WEBSITE/PASSWORDS
BENEFICIARIES	LOCATION OF STATEMENTS	

## Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER/S	
BANK NAME/LOCATION	BANK PHONE	WEBSITE/PASSWORDS
BENEFICIARIES	LOCATION OF STATEMENTS	

### Bank Account Information

ACCOUNT NUMBER		ACCOUNT HOLDER/S
BANK NAME/LOCATION	BANK PHONE	WEBSITE/PASSWORDS
BENEFICIARIES		LOCATION OF STATEMENTS

### Liabilities

LENDER		DEBTOR	
ACCOUNT NUMBER/WEBSITE/PASSWORDS		DATE OF LOAN	DUE DATE
AMOUNT OF LOAN	<input type="radio"/> MONTHLY PAYMENT OF	<input type="radio"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS		COLLATERAL	

### Liabilities Information (additional)

LENDER		DEBTOR	
ACCOUNT NUMBER/WEBSITE/PASSWORDS		DATE OF LOAN	DUE DATE
AMOUNT OF LOAN	<input type="radio"/> MONTHLY PAYMENT OF	<input type="radio"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS		COLLATERAL	

### Real Estate Information

LOCATION OF PROPERTY DOCUMENTS		TYPE OF PROPERTY
PROPERTY OWNER		PROPERTY VALUE
LEGAL DESCRIPTION		
PROPERTY ADDRESS		
MORTGAGE OWNER		PHONE
MORTGAGE OWNER ADDRESS		

### Retirement Fund

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS				
ACCOUNT NUMBER	ACCOUNT OWNER	BENEFICIARIES	VALUE	AS OF

### Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS				
ACCOUNT NUMBER	ACCOUNT OWNER	BENEFICIARIES	VALUE	AS OF

**Investment Account (additional)**

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF
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**Bond Information**

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE	MATURITY DATE	BOND VALUE	FACE VALUE

**Bond Information (additional)**

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE	MATURITY DATE	BOND VALUE	FACE VALUE

**Stock Information**

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCKOWNER			STOCK PRICE	
NUMBER OF SHARES	PURCHASE DATE	PURCHASE PRICE	CURRENT PRICE	VALUE

**Stock Information (additional)**

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
NUMBER OF SHARES	PURCHASE DATE	PURCHASE PRICE	CURRENT PRICE	VALUE

**CFEP Endowment Fund Information**

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

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# Insurance

## Auto Insurance Policy

LOCATION OF DOCUMENTS	AGENT'S NAME	
AGENTS PHONE NUMBER	POLICY NUMBER	DATE ISSUED
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLE INSURED

## Auto Insurance Policy (additional)

LOCATION OF DOCUMENTS	AGENT'S NAME	
AGENTS PHONE NUMBER	POLICY NUMBER	DATE ISSUED
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLE INSURED

## Homeowner's Insurance Policy

LOCATION OF DOCUMENTS	
COMPANY	
POLICY NUMBER	DATE ISSUED

## Life Insurance Policy

LOCATION OF DOCUMENTS		
COMPANY		
POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

## Life Insurance Policy (additional)

LOCATION OF DOCUMENTS		
COMPANY		
POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

## Final Needs Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
---------------	-------------	----------------

POLICY OWNER	INSURED
--------------	---------

DEATH BENEFIT	CASH SURRENDER VALUE	TYPE
---------------	----------------------	------

## Long-Term Care Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
---------------	-------------	----------------

POLICY OWNER	INSURED
--------------	---------

DEATHBENEFIT	CASH SURRENDER VALUE	TYPE
--------------	----------------------	------

## Disability Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
---------------	-------------	----------------

POLICY OWNER	INSURED
--------------	---------

DEATH BENEFIT	CASH SURRENDER VALUE	TYPE
---------------	----------------------	------

# Legal

## Legal Services Provider

LEGAL SERVICES PROVIDER

COMPANY PHONE

COMPANY WEBSITE

MEMBER ID

ATTORNEY NAME

ATTORNEYPHONE

## Power of Attorney Information

LOCATION OF DOCUMENTS

AGENT

PHONE

AGENT

PHONE

## Living Trust Information

LOCATION OF DOCUMENTS

AGENT

PHONE

AGENT

PHONE

## Guardianship/Conservatorship Information

LOCATION OF DOCUMENTS

GUARDIAN/CONSERVATOR

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

GUARDIAN/CONSERVATOR (ADDITIONAL)

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

## Living Will Information

LOCATION OF DOCUMENTS

## Will Information

### LOCATION OF DOCUMENTS

EXECUTOR

PHONE

CO-EXECUTOR

PHONE

BENEFICIARY NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

BENEFICIARY NAME (ADDITIONAL)

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

BENEFICIARY NAME (ADDITIONAL)

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

## Executor Information

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

## Co-Executor Information

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

# Supplemental Information

## Divorce/Annulment Information

FORMER SPOUSE'S NAME (INCLUDING MAIDEN NAME)

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DIVORCE/ANNULMENT DOCUMENTS

DECREE

LOCATION:

OTHER

LOCATION:

OTHER

LOCATION:

OTHER

LOCATION:

## Divorce Attorney's Name

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

## Military

BRANCH

RANK

SERVICE NUMBER

DATES OF SERVICE

DATE OF DISCHARGE

LOCATION OF DOCUMENTS

## Social Media

FACEBOOK

USERNAME:

PASSWORD:

TWITTER

USERNAME:

PASSWORD:

LINKEDIN

USERNAME:

PASSWORD:

GOOGLE+

USERNAME:

PASSWORD:

INSTAGRAM

USERNAME:

PASSWORD:

OTHER

USERNAME:

PASSWORD:

OTHER

USERNAME:

PASSWORD:

## Online Accounts

CELL PHONE

USERNAME:

PASSWORD:

CREDIT CARD

USERNAME:

PASSWORD:

BANK

USERNAME:

PASSWORD:

UTILITIES

USERNAME:

PASSWORD:

OTHER

USERNAME:

PASSWORD:

OTHER

USERNAME:

PASSWORD:

OTHER

USERNAME:

PASSWORD:



## Employment

PRESENT EMPLOYER		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
DATES OF EMPLOYMENT			
DIRECT SUPERVISOR		PHONE NUMBER	
HR CONTACT		PHONE NUMBER	
EMPLOYMENT BENEFITS			
<input type="checkbox"/> MEDICAL	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> LIFE	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> 401K	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> STOCK	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> PENSION	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> PROFIT SHARING	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> DENTAL	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> VISION	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> LEGAL	LOCATION/POLICY OR ACCOUNT NUMBER:		
<input type="checkbox"/> OTHER	LOCATION/POLICY OR ACCOUNT NUMBER:		

## Assets

<input type="checkbox"/> AUTOMOBILE			
MAKE		MODEL	YEAR
TITLE	LOCATION		
TITLE	LOCATION		
<input type="checkbox"/> AUTOMOBILE (ADDITIONAL)			
MAKE		MODEL	YEAR
TITLE	LOCATION		
TITLE	LOCATION		
<input type="checkbox"/> BOAT	LOAN/TITLE/LOCATION:		
<input type="checkbox"/> RV	LOAN/TITLE/LOCATION:		
<input type="checkbox"/> TRAILER	LOAN/TITLE/LOCATION:		
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION:		
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION:		
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION:		

**Business**

TYPE OF BUSINESS	TYPE OF OWNERSHIP
AMOUNT OF OWNERSHIP	ESTIMATED VALUE
BUSINESS CONTACT1	PHONE NUMBER
BUSINESS CONTACT2	PHONE NUMBER
ADDITIONAL BUSINESS DOCUMENTS	
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:

# Catholic Funeral and Burial Arrangements

## Funeral and Burial Arrangements

CEMETERY/COLUMBARIUM/NICHE NAME		LOT NUMBER	PHONE NUMBER
ADDRESS			
CITY		STATE	ZIP
FUNERAL HOMENAME		FUNERAL DIRECTOR NAME	
ADDRESS			
CITY		STATE	ZIP
CHURCH/SYNAGOGUE/OTHER NAME		CONTACT	PHONE NUMBER
ADDRESS			
CITY		STATE	ZIP
IMPORTANT DOCUMENTS			
<input type="checkbox"/> ORGAN DONOR RECORDS	LOCATION:		
<input type="checkbox"/> PREPAID FUNERAL POLICY	LOCATION:		
PERSONAL FRIENDS TO CONTACT (OR ATTACH LIST)			
NAME		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
[REDACTED]			
NAME		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
[REDACTED]			
NAME		PHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP

# Catholic Funeral and Burial Arrangements (Continued)

## Funeral and Burial Arrangements

Please discuss the following with the Pastor or designee. After completion, attach this page to your personal information organizer.

FUNERAL LITURGY/SERVICE - Please consult the Parish. Following consultation, please attach preferences.

### TYPE OF EULOGY

AT VIEWING ONLY       FOLLOWING CEMETERY COMMITAL       AT POST FUNERAL GATHERING       NONE

NAME OF INDIVIDUAL TO PROVIDE EULOGY

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

### FLORAL PREFERENCES

FLORAL TYPE:       NO FLORAL  
 FLORAL COLOR:

### VETERANS FUNERAL ARRANGEMENTS

DRAPED FLAG       FOLDED FLAG       FLAG PRESENTED TO:

### CLOTHING PREFERENCE

EXISTING CLOTHING       DESCRIPTION OF CLOTHING (TYPE AND COLOR):  
 NEW CLOTHING       NONE

### PREFERENCE FOR DISPOSAL OF THE REMAINS

BURIAL  
 CREMATION  
 MAUSOLEUM /COLUMBARIUM

### TYPE OF CASKET

HARDWOOD (TYPE):       OTHER (PLEASE EXPLAIN):  
 METAL (TYPE):       NOT APPLICABLE  
 CREMATION COFFIN

### CASKET SPECIFICS

MANUFACTURER       OTHER INFORMATION (PLEASE SPECIFY):  
 MODEL:       NOT APPLICABLE  
 CREMATION/COFFIN

### TYPE OF HEADSTONE

STONE       HEADSTONE SAYING:  
 FLAT MARKER       HEADSTONE PHRASE:  
 UPRIGHT

### POST-MEMORIAL GATHERING DESIRED

QUIET GATHERING AT FAMILY MEMBER'S HOUSE       OTHER (PLEASE SPECIFY):  
 LIFE CELEBRATION EVENT:       NONE

# WRITING YOUR OBITUARY

It is custom to announce a person's death in an obituary that may be published both online and in print versions of a local or hometown newspaper. Please take a moment to complete the worksheet on the following pages with key information and facts about your life. The family member or friend assigned to compose your obituary will appreciate having all the correct information in one place.

Once the obituary is final, the funeral director contacts the appropriate publications requested by the deceased and their family. The funeral director also will publish the obituary on the funeral home's website.

NOTE: There is a charge associated with obituaries published online or in the print version of local news publications. The cost is calculated by length of the obituary in column inches.

Name of current local newspaper \_\_\_\_\_

Other publications \_\_\_\_\_

To assist your family in composing the obituary, below is a listing of information items that are usually included. Please fill in the items you wish to include.

## INFORMATION OFTEN INCLUDED:

Deceased Name \_\_\_\_\_ Age \_\_\_\_\_

Date and location of death (if different than current city of residence) \_\_\_\_\_

Former city of residence (if applicable) \_\_\_\_\_

Spouse / Partner's name \_\_\_\_\_

Years of marriage (if applicable) \_\_\_\_\_

Parents names (note if still living) \_\_\_\_\_

Birthplace \_\_\_\_\_

Career and employment (include years of service if significant) \_\_\_\_\_  
\_\_\_\_\_

Religious affiliation/parish \_\_\_\_\_

Education (College; high school; location) \_\_\_\_\_



**Catholic Foundation**  
OF EASTERN PENNSYLVANIA

## WRITING YOUR OBITUARY (CONTINUED)

### Survivors

Children (if applicable) \_\_\_\_\_

\_\_\_\_\_

Siblings (if applicable) \_\_\_\_\_

\_\_\_\_\_

Predeceased by \_\_\_\_\_

\_\_\_\_\_

### Activities / Interests / Honors

Volunteer Activities \_\_\_\_\_

\_\_\_\_\_

Interests / Hobbies \_\_\_\_\_

\_\_\_\_\_

Accolades/Awards/Honors \_\_\_\_\_

\_\_\_\_\_

### Information to complete after family members meet with funeral director and pastor at my parish:

Funeral Mass \_\_\_\_\_

Viewing Details \_\_\_\_\_

Burial / Cemetery Details \_\_\_\_\_

### Memorial Gifts

The deceased may be remembered with a memorial gift to their favorite charity. Letting family members know what nonprofit cause(s) you want charitable gifts directed will be appreciated and saves a lot of guesswork.

Memorial gifts in my memory made be made to: \_\_\_\_\_

\_\_\_\_\_

*Consider directing memorial gifts to the endowment fund of your favorite Catholic cause.*

*Visit [catholicfoundationep.org](http://catholicfoundationep.org) for a list of funds or start a new one.*



**Catholic Foundation**  
OF EASTERN PENNSYLVANIA

# Gifts in a will, estate plans benefit future of Catholic Causes



Remembering your favorite Catholic cause in your will, as a beneficiary of an insurance policy or with a memorial gift in your obituary will have a tremendous impact on its future. Any endowment fund managed by the Catholic Foundation of Eastern Pennsylvania is the perfect repository for such gifts.

Donors love knowing that by directing their end-of-life gift to an endowment fund, it lives on forever.

"It is easy to include your favorite Catholic cause and its endowment fund in your estate plans," Beth Beers, Attorney and Catholic Foundation board member, said.

"With a gift in your will, you can make sure that the Catholic causes that are near and dear to your heart today, will survive long after you are gone."

There are a variety of charitable giving options that enable donors to provide for both their families and their favorite Catholic cause, while enjoying tax and income benefits. The Foundation assists donors and their tax/investment advisers in customizing an endowment gift that will only support the Catholic organization or program of their choice.

## PLANNED GIVING OPTIONS

- > Gift in a Will
- > Beneficiary of an Insurance policy
- > Beneficiary of an Investment Account and/or IRA
- > Memorial Gift included in an Obituary
- > IRA Qualified Charitable Distribution
- > Beneficiary of a 401k or IRA Account

“ Endowment funds with the Catholic Foundation are the perfect repository for planned gifts. With a gift in your will, you can make sure your favorite Catholic cause survives long after you are gone. ”

– Beth Beers, Attorney and Catholic Foundation board member

## Why leave anything to chance?

**ONE simple sentence in your will can ensure support for a Catholic cause forever.**

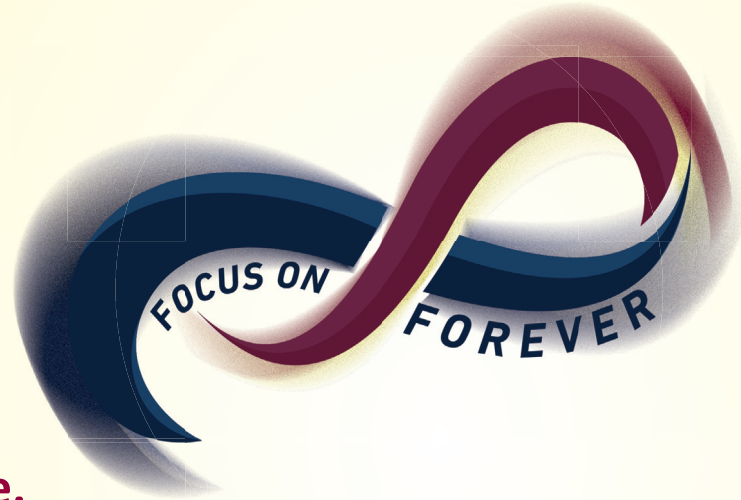
I give to the CATHOLIC FOUNDATION OF EASTERN PENNSYLVANIA  
\_\_\_\_\_ percent (\_\_\_\_%) of my estate to support the  
\_\_\_\_\_ Endowment Fund.

Donors may also designate a dollar amount instead of a percentage.

Please consult your legal, tax and financial advisors.



**Invest in Forever** ❤️ **Believe in Forever** ❤️ **Focus on Forever**



## **Our Promise.**

To ensure Catholic organizations have future income so they may fulfill their mission forever.

The **Catholic Foundation of Eastern Pennsylvania** shares the belief with our donors that the institutions and ministries that best demonstrate true Catholic faith and service should live forever. The Foundation offers best-in-class intermediate and long-term investment strategies that follow Catholic values and donor intent.

As an independent 501(c)(3) charitable organization, the Catholic Foundation manages endowment and donor designated assets to generate perpetual income and provides financial stability for parishes, educational institutions and non-profits.

### **Benefits of working with the Catholic Foundation**

- Independent 501c3 charity
- Catholic Values Investing
- “True” endowment funds with guidelines
- Honors donor intent
- Institutional Investment Solution with low fees
- Marketing & Fundraising Guidance
- Professional Performance & Risk Analysis
- Perpetual Income & Financial Stability for favorite cause

## **CONTACT US**



P.O. Box 1430, Allentown, PA 18105 | [Catholicfoundationep.org](http://Catholicfoundationep.org) | [info@catholicfoundationep.org](mailto:info@catholicfoundationep.org)