



DIOCESE OF St Augustine

FINANCIAL INSTRUMENTS DONOR FORM

DONOR CONTACT INFORMATION

Donor Name:	Street Address:
Phone Number:	City:
E-mail Address:	State, Zip Code:

DONOR'S BROKER, TRUST, OR ANOTHER AGENCY INFORMATION

Organization Name:	Street Address:
Contact Name:	City:
Contact Phone Number:	State, Zip Code:
Contact E-mail Address:	

DONATION

Select Donation Type:	Stock	IRA Distribution	Donor Advised Fund	Check	Other:
Estimated Total Value, in dollars, of donation: \$					
If applicable, please provide the ticker symbol and relative # of shares being donated below:					
Stock Ticker:	# of Shares:	Stock Ticker:	# of Shares:		
Stock Ticker:	# of Shares:	Stock Ticker:	# of Shares:		

DONOR DESIGNATED CHARITY

% of Donation:	To Be Applied to the:	Designation Details:			
%	Parish	Parish Name:			
%	School	School Name:			
%	Catholic Foundation (Restricted)	Restricted Entity Name:			
%	Catholic Foundation (Unrestricted)				
%	Bishop's Annual Stewardship Appeal				
%	Bishop's Vision	For the Bishop's Vision, select from the following:			
Total Above Must Equal 100%	Unrestricted	Campus Ministry	Eucharistic Congress	Mission at Cedar Key	
	Pro-Life	Seminarians	Rural Education Initiative	Youth Ministry	
	FOCUS	Other:			

Gifts for the Catholic Foundation must be made payable to the Catholic Foundation, all other gifts must be made payable to the Diocese of St. Augustine. If gifts are restricted or for the benefit of a specific endowment fund, please indicate which parish, school or other ministry's fund should receive the gift.

Other Comments:

X

Date: _____

Full Name of Donor
Title (If Applicable)

Please email this form to Lisa Castro, Executive Assistant at lcastro@dosaf.com

For questions, call Lisa at (904) 262-3200 x 132

Physical mail delivery-Diocese of St. Augustine, Attn: Lisa Castro, 11625 Old St. Augustine Rd, Jacksonville, FL 32258