

ENDOWMENT FUND ORIGINATOR INFORMATION	
Legal Name of Originating Individual/Organization	
Street Address	
City, State and ZIP Code	
Telephone	
E-mail	
FUND INFORMATION	
Fund Name/Title	
Primary Beneficiary Organization/Ministry Name	
Primary Beneficiary Street Address	
Primary Beneficiary City, State and Zip Code	
Primary Beneficiary Specific Distribution Restrictions	
Testimonial Narrative (Optional paragraph describing the individual or organization who inspired this permanent fund.)	

CHANGE IN CIRCUMSTANCES

Please complete the following in the event that the Primary Beneficiary would no longer exist in the future.

Secondary Beneficiary Org/Ministry Name	
Secondary Beneficiary Street Address	
Secondary Beneficiary City, State and Zip Code	
Secondary Beneficiary Specific Distribution Restrictions	
Tertiary Beneficiary Org/Ministry Name	
Tertiary Beneficiary Street Address	
Tertiary Beneficiary City, State and Zip Code	
Tertiary Beneficiary Specific Distribution Restrictions	

ANNUAL DISTRIBUTION NOTIFICATIONS
(If different than the preceding beneficiaries.)

Organization/Individual Authorized to Receive Annual Distribution Notices	
Contact Name	
Title	
Organization Name	
Organization Street Address	
Organization City, State and Zip Code	

PLEASE CONTACT US TO SCHEDULE A PERSONAL REVIEW OF YOUR INTENTIONS.

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