

⊕ Professional Advisors Alliance Membership Application

Business Information

Name: _____

Business: _____

Title: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Contact Information

Phone (for member listing): _____ Cell (if different): _____

Email (for member listing): _____

Parish Affiliation

Parish Name: _____

Parish City/State: _____

Professional Designations and Certifications

Check any that apply and include your Professional ID number if applicable.

JD _____ CFP _____ CFA _____

CPA _____ CAP _____ Insurance _____

FINRA ID #: _____ Other (Please List): _____

Do you help clients with donor-advised funds or endowments? Yes No

Do you help clients with planned gifts or beneficiary designations? Yes No

Have you ever contacted The Catholic Foundation or the Archdiocese of Philadelphia about planned gifts or bequests for you or a client? Yes No

Do we have your permission to post your business name/city, email, phone number, and parish affiliation as a Professional Advisors Alliance member? Yes No

Contact Us

Garrett Owen, Chief Philanthropy Officer

215-874-3021

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**THE CATHOLIC FOUNDATION
OF GREATER PHILADELPHIA**

thecfgp.org

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