



The Catholic
Foundation

Diocese of Rockford

555 Colman Center Drive
P.O. Box 7044
Rockford, Illinois 61125

(815) 399-4300
Fax: (815) 399-5657

Single Life Charitable Gift Annuity Application

The Catholic Foundation for the People of the Diocese of Rockford

First Name _____ Middle Initial ____ Last Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

S.S. # _____ Phone _____

Gift Amount: \$ _____ Projected Date of Gift: _____

Type of Gift: ___ cash ___ stocks/bonds

If stocks or corporate bonds: Cost basis _____

Have you owned this security longer than one year from the above date of gift?

Yes _____ **No** _____

Income Plan: ___ Charitable Gift Annuity (CGA) **OR**

___ Deferred CGA with payments beginning _____

Quarterly direct deposit to my _____ checking **or** _____ savings account

I give permission for the beneficiary to be notified of my charitable intent: Yes _____ No _____

Please enroll me in the Perpetual Light Society, The Diocese of Rockford=s

membership society to thank donors for their financial stewardship: Yes _____ No _____

I (We) give permission to the Catholic Foundation to publish my (our) name as a

member of the Perpetual Light Society: Yes _____ No _____

(Over Please)

Charitable Remainder Distribution

It is my desire that the charitable remainder of my gift be distributed in the following manner:

- ____ % to my parish _____,
- ___ Endowed through The Catholic Foundation (interest only used)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____
 - ___ Outright gift (not endowed unless parish chooses to)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____

- ____ % to the Bishop of the Rockford Diocese
- ___ Endowed through The Catholic Foundation (interest only used)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____
 - ___ Outright gift (not endowed unless bishop chooses to)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____

- ____ % to _____
- ___ Endowed through The Catholic Foundation (interest only used)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____
 - ___ Outright gift (**only option if not an entity of the Rockford Diocese**)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____

- ____ % to _____
- ___ Endowed through The Catholic Foundation (interest only used)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____
 - ___ Outright gift (**only option if not an entity of the Rockford Diocese**)
 - ___ Unrestricted - to be used as needed
 - ___ Restricted - to be used for _____

I understand that this is not a contract and the above is only for information gathering purposes. I further request a proposal be written for the charitable gift with life income plan I have indicated on this Charitable Intent form.

Signature

Print Name

Date