



The Catholic Foundation

# Diocese of Rockford

555 Colman Center Dr.  
P.O. Box 7044  
Rockford, IL 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