



The Catholic
Foundation

Diocese of Rockford

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

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

Joint Life Charitable Gift Annuity Application

First Annuitant

First Name _____ Middle Initial ____ Last Name _____

Address _____ City _____ State _____

Zip _____ Date of Birth _____ S.S. # _____

Phone _____

Joint Annuitant

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

We 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)

