



The Catholic Foundation

Diocese of Rockford

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

Charitable Remainder Distribution

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

- ___ % to our 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 _____

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

_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date