



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