



THE CATHOLIC
FOUNDATION

For the People of the Diocese of Rockford

DEPOSIT TICKET

Date _____

Participant
Name _____

City _____

Check # _____
one check per deposit ticket

Check
Amount _____

Account # _____
include - B (Balanced), G (Growth), or I (Income)

Account Name _____

Submitted by _____

Telephone # _____

Office Use Initials: _____ / _____ / _____

Make Checks payable to: The Catholic Foundation

*****Please only one check per account***

The Catholic Foundation PO
Box 7044
Rockford, IL 61125-7044

(815) 399-4300
(815) 399-5657 (fax)

**PLEASE SEND
THIS FORM WITH
YOUR CHECK**