

THE CATHOLIC FOUNDATION 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 _____

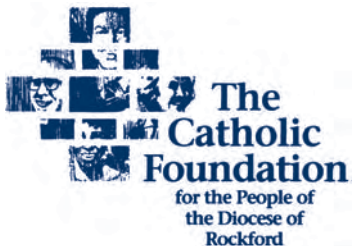
Telephone # _____

Office Use Initials: _____ / _____ / _____

Make Checks payable to: The Catholic Foundation

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

Diocese of Rockford
The Catholic Foundation
555 Colman Center Drive
PO Box 7044
Rockford, IL 61125
(815) 399-4300
(815) 399-5657 fax



**PLEASE SEND BOTH COPIES
OF THIS FORM WITH
YOUR CHECK**