



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**