

Contact Information

555 Colman Center Dr. Phone: (815) 399-4300 Rockford, IL 61125 Fax: (815) 399-5657

www.Foundationrockford.org

Mutual Fund Transfer Instructions

Please submit this information to the Catholic Foundation Office at the address above. Once this information is received, the Diocese will establish an account to receive your specific Mutual Fund gift. The Diocese will contact your transfer agent with the necessary information. Thank you for your generosity.

Date:		
Donor Name :		
Donor Address:		
City, State Zip:		
Parish Name:	Cit	zy
Amount of gift:	(and/or) Number	er of Shares:
Name of Fund and Class:		
Ticker Symbol:	CUSIP #	
Donor's Transfer Agent Na	me:	
/II	Law. (\
Transfer Agent Phone: ())
Transfer Agent Phone: (To My Transfer Agent:)
To My Transfer Agent: Please transfer the above stated a	mount as a charitable contril	oution from my above
To My Transfer Agent: Please transfer the above stated a mentioned Mutual Fund Account	mount as a charitable contril to the Catholic Diocese of F	bution from my above Rockford as listed below:
To My Transfer Agent: Please transfer the above stated a mentioned Mutual Fund Account Signature of donor (account own	mount as a charitable contril to the Catholic Diocese of Fer):	oution from my above Rockford as listed below: Date:
To My Transfer Agent: Please transfer the above stated a mentioned Mutual Fund Account Signature of donor (account own	mount as a charitable contril to the Catholic Diocese of Fer):	oution from my above Rockford as listed below:Date: I it to your transfer agent.)
To My Transfer Agent: Please transfer the above stated a mentioned Mutual Fund Account Signature of donor (account own) (The Diocese will fill in the missi Broker Number (DTC):	mount as a charitable contrile to the Catholic Diocese of Fer): ng account number and send 0141 Wells Fargo Advisors 6801 Springcreek Rd.	Date: This is to your transfer agent.) Phone: (815) 921-0555

Thank You

Daniel O'Malley Executive Director