

DIOCESE OF ROCKFORD
A Campaign for the
WITNESSES
my
YOU WILL BE



YOU WILL BE MY WITNESSES CAMPAIGN
Diocese of Rockford • PO Box 7044 • Rockford, IL 61125

1 | DONOR INFORMATION

Update your contact information below as necessary

DUID:

Parish:

Name:

Address:

City, State, Zip:

Phone:

Email:

**YES! I want to support the
You Will Be My Witnesses Campaign
with a total commitment of \$ _____**

Please see the reverse side for the Suggested Gift Plan.

2 | PAYMENT DETAILS

Enclosed is payment in full
 Enclosed is the first payment of \$ _____.
(Check # _____)

I will pay the balance of my gift:

Monthly** Quarterly (Jan, Apr, Jul, Dec)**
 Annually (Dec)**

***When statements will be mailed for cash/check payment method*

6 | SIGNATURE: _____

DATE: _____

This gift will be held in the *Diocese of Rockford – You Will Be My Witnesses Trust* and used exclusively to support the goals of the campaign.

The funds may not be used for any other purpose without the prior written consent of the donor.

Can we pray for you? Include your intentions (below) and we will offer our prayers along with yours.

3 | METHOD OF PAYMENT

Cash/Check/Bill Pay – make checks payable to:
Diocese of Rockford – You Will Be My Witnesses

Credit Card* Automatic Withdrawal/ACH*

I will make the first payment in _____ (mm) / _____ (yy)

**For online pledges/gifts only*

Grain/Other Commodities

Stocks/Other Financial Instruments

Other: _____

**Go to youwillbemywitnesses.org/give or
scan the QR Code to set up your payment.*



4 | RECOGNITION

Please print your name(s) as you would like it to appear in any campaign recognition materials:

I wish to remain anonymous.

5 | INCREASING MY SUPPORT FOR THE CHURCH

I would like to discuss a planned gift to the diocese and/or my parish.
 I have remembered the diocese and/or my parish in my estate plans.
 My employer will match my gift.

**Go to rockforddiocese.org/charitablegiving/matching-gifts
to see if your employer will match your gift to the campaign.*