1 | DONOR INFORMATION

DUID: _____

Parish Name and City: _____

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

YOU WILL BE *my* WITNESSES

A Campaign for the
DIOCESE OF ROCKFORD

COMMITMENT WEEKEND

2 | ☐ YES! I want to support the campaign with a gift of $ _____

OR Below is my selection of my campaign gift.

SUGGESTED GIFT PLANS

Total Support	*Annual*	*Quarterly*	*Monthly*
☐ **$9,000**	$3,000	$750	$250
☐ **$7,200**	$2,400	$600	$200
☐ **$5,400**	$1,800	$450	$150
☐ **$3,600**	$1,200	$300	$100
☐ **$1,800**	$600	$150	$50
☐ **$900**	$300	$75	$25

☐ **YES! I want to increase my pledge and include an additional gift of $_____**

☐ **I have already made a pledge and offer my prayers for our continued success**

☐ **I am unable to give to the campaign and offer my prayers.**

3 | PAYMENT DETAILS

☐ Enclosed is payment in full

☐ Enclosed is the first payment of $ _____. *(Check #* _____)

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

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*

4 | METHOD OF PAYMENT

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

☐ Credit Card* ☐ Automatic Withdrawal/ACH* ☐ Grain/Other Commodities

☐ Stocks/Other Financial Instruments ☐ Other: _____

For online pledges/gifts only. Go to **youwillbemywitnesses.org/give or scan the QR Code to set up your payment.*

5 | 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.