

AUTHORIZATION TO RELEASE DONOR GIVING INFORMATION

Parish Name _____ Telephone _____

Name of Pastor, Pastoral Leader, or Administrator _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Person(s) Authorized to Receive Information Relationship to Parish/Job Title

I, _____ give the Catholic Foundation permission to release parish
(Pastor, Pastoral Leader, Administrator)

donor giving information to the person(s) listed above.

Authorized Signature _____ **Date** _____
(Pastor, Pastoral Leader, Administrator)

Please complete this form and send to:

Catholic Foundation
Attn: Tammy Danz
PO Box 22128
Green Bay, WI 54305-2128
Fax: 920-272-8435
catholicfoundation@gbdioc.org

*Please keep a copy for your records.
This form will be valid for two years based on the date signed*



Catholic Foundation
for the Diocese of Green Bay, Inc.