



## 2017 ARCHDIOCESE OF ATLANTA PARISH COMMITMENT FORM

Parish Name	_____
Legal name (if different)	_____
Federal Tax ID #	_____
Address	_____
Point Person Name & Title	_____
Point Person Email Address	_____
Point Person Main Phone #	_____
Pastor Name	_____
Pastor Email address	_____
Pastor Phone	_____

*Please read and initial:*

\_\_\_\_\_ I understand my role as point person for my parish and that I am to be the main contact for the organizers of #iGiveCatholic. I also understand that I am to communicate with my parish’s staff, councils, volunteers, and parishioners about #iGiveCatholic updates, deadlines, and requirements.

\_\_\_\_\_ I confirm that my parish is registered as a 501(c)3.

\_\_\_\_\_ I will thank my #iGiveCatholic donors within 1 week from November 28, 2017.

\_\_\_\_\_ I understand that my parish must complete all requirements in order to participate. I also understand that failure to meet any of the requirements may deem my organization ineligible to participate in the 2017 campaign.

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Point Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I will promote #iGiveCatholic to my donors and will use #iGiveCatholic promotional and marketing materials provided by the Catholic Foundation of North Georgia. Additional promotional materials are solely at my expense.

\_\_\_\_\_ I understand that my parish must attend an **#iGiveCatholic orientation** before being allowed to register.

\_\_\_\_\_ I understand that all questions regarding #iGiveCatholic should come from the point person and sent via email to: [jgreco@cfnga.org](mailto:jgreco@cfnga.org).

**Commitment form must be received by October 31, 2017.**

**Scan and email to [jgreco@cfnga.org](mailto:jgreco@cfnga.org) or mail to:  
Juliet Greco | Catholic Foundation of North Georgia  
5871 Glenridge Dr., Ste. 300 | Atlanta, GA 30328**