

To send your donation to us by mail, please complete this form and return to the address below.

|       | Name:   |   |       |
|-------|---|---|-------|
|       | Address:  |   |       |
|       | Phone:  |   |       |
|       | Email:  |   |       |
| Pleas | se let us know below i  | f you'd like to make a gift in honor of memory of a loved one.                                    |       |
| ☐ Ir  | n Honor of  |   |       |
| ☐ Ir  | n Memory of   |   |       |
| Pleas | se let us know who we   | should notify about this gift.  |       |
|       | Name:   |   |       |
|       | Address:  |   |       |
|       | Email:  |   |       |
| Pleas | se indicate which Fund<br>Children's Health Fun                                   | l you would like to support:  General Health  |       |
|       | -   | our employer matches your charitable donations. You will need to provide and Tax ID - 47-5334467. | : you |
|       | Please sign me up to receive Catalytic Impact Foundation updates and newsletters. |   |       |
|       | Please contact me abo   | out how to include Catalytic Impact Foundation in my estate plan.                                 |       |

Catalytic Impact Foundation PO Box 58 Hingham, MA 02043

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