

Virginia Wellington Cabot Foundation MATCHING GIFT PROGRAM

PART 1 – DONOR SECTION

Donor Name

Home Address

City/State/Zip

Telephone, including Area Code

E-Mail Address

Exact Date of Gift

\$ _____ \$ _____
Amount of Gift (age 16-39 min \$100, Amount To Be Matched
age 40+ min \$200)

Type of Gift:

Please check one: Check/Credit Card Securities

If Securities, Number of Shares and Name of Security

Name of Organization

Organization City, State

I hereby certify that:

- I have not received, and do not expect to receive, any personal financial benefit as a result of this grant.
- The matching grant I have requested is not to be used for religious purposes or political purposes (that is, influencing legislation or election to public office).
- The organization is a 501c3 public charity.
- I am aware that the VWC Foundation may not make grants to organizations that are "controlled by disqualified persons" or for programs that provide "financial benefit" to disqualified persons. According to VWCF policy, disqualified persons are defined as all descendants (including adopted) of Tom and Virginia Cabot, spouses, and domestic life partners of descendants.

Signature

Date

PART 2 – RECIPIENT ORGANIZATION SECTION

Name of Organization

Address

City/State/Zip

Telephone, including Area Code

E-Mail Address (if any)

Website Address (if any)

Date Gift Received

\$ _____
Amount of Gift

I hereby certify that:

- This organization/program has 501c3 public charity status.
- That neither the donor nor the VWC Foundation will derive any personal material benefit from this gift or match.

Authorized Officer's Name (please print)

Title (please print)

Signature of Authorized Officer

Date

Email or Mail Completed Form to:

Virginia Wellington Cabot Foundation
22 Batterymarch Street, 2nd Floor
Boston, MA 02109
Phone: 617-451-1744
E-mail: jwhelton@cabotwellington.com
Web Site: www.cabotwellington.com

Incomplete forms will delay processing.