



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, age 40+ min \$200) \$ Amount To Be Matched

Choose the ratio of matching (VWCF: Donor)

2:1 Match **1:1 Match**

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 spousal equivalents 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.
 - Neither the donor nor the VWC Foundation will derive any personal material benefit from this gift or match.

Tax ID #

Authorized Officer's Name (please print)

Title (please print)

Signature of Authorized Officer

Date

Matching Grant payments will be made via BILL.com . Please indicate your preference below:

Check E-Payment

If you chose E-Payment, please provide your BILL PNI (Payment Network ID) below:

You can sign up for a free BILL account here: <https://app-signup.us.bill.com/onboarding/flow/signup>
A PNI will be generated when the account is set up.
If you chose E-Payment but did not provide a PNI, you will receive a check.

Email or Mail Completed Form to:
Virginia Wellington Cabot Foundation
c/o GMA Foundations
2 Liberty Square, #500
Boston, MA 02109
Phone: 617-476-8782
Email: jwhelton@gmafoundation.com
Website: www.vwcfoundation.org