



Tell us About Your Gift

CONFIDENTIAL

Thank you for your generous bequest commitment to the Catalytic Impact Foundation (CIF). Your legacy gift will help us in the future as we work to accelerate innovation in the life sciences and healthcare to address unmet medical needs, to improve or save the lives of patients with conditions where treatments are limited or do not exist.

Please complete the form below so we can better understand the intentions of your gift. The information you provide is not legally binding, and we understand that you may wish to change our gift in the future.

Name(s): _____

Year(s) of Birth: _____

Address: _____

Phone: _____ Email: _____

About Your Gift

If you are willing to disclose more information about your gift, please check all that apply and estimate the amount of the gift in today's dollars.

___ Will: \$ _____ Insurance Policy: \$ _____

___ Revokable Living Trust: \$ _____ Real Estate: \$ _____

___ Charitable Remainder Trust: \$ _____ Retirement Plan/IRA: \$ _____

___ Other Asset(s): \$ _____ \$ _____

Additional Information

Is your gift contingent? ___ Yes ___ No If yes, please explain: _____

A contingent gift comes to CIF only if other named beneficiaries do not survive you.

With your permission, Catalytic Impact Foundation would like to recognize your legacy gift. How would you like your gift to be recognized?

___ Please list my/our name as _____

___ I/We wish to remain anonymous for this gift.

___ I agree that my typed name below will serve as my signature.

Signature(s):

_____ **Date:** _____