

**IMPACT REPORT**

In order to affirm that the funds received annually through the Catholic Community Foundation are used according to the donor's wishes, we would appreciate it if you would complete the information below **on or before November 30th, 2023**. This will provide adequate time to affirm the use of the funds before the next distribution. Please return the form to the Catholic Community Foundation via mail or email. Thank you!

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Year Filing Report For: \_\_\_\_\_ Date Report was Filled Out: \_\_\_\_\_

Distribution Check Amount: \$ \_\_\_\_\_ Amount of Distribution Used: \$ \_\_\_\_\_

Name of the Grant received: \_\_\_\_\_

\_\_\_\_\_  
*(This information will be listed on the letter mailed with the check and can be located on the top of the check.)* Verified

Verified by (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

How were the funds used? *(Include a brief description of how the funds were used in accordance with the Endowment Fund's stated purpose. We gratefully accept photos you have to share):*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Impact Statement - Please describe how the use of these funds impacted the receiving individuals or community.

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May we share your story on our website/social media? Yes \_\_\_\_\_ No \_\_\_\_\_

Please return this Annual Distribution Report to the following mailing or email address.

**Catholic Community Foundation of Mid-Michigan**

**5800 Weiss St**

**Saginaw, MI 48603**

**[ccfmm@ccfmm.org](mailto:ccfmm@ccfmm.org)**