

Matching Educational Gift Program

INSTRUCTIONS: An employee making a direct contribution to an eligible institution, as described in the company policy, should complete PART A of this form and forward it along with the contribution to the designated college, university, alumni fund, foundation or association. The recipient INSTITUTION, should complete PART B of this form and forward it to the company.

PART A TO BE COMPLETED BY EMPLOYEE/DONOR

Enclosed is my gift of \$ _____ to _____
(NAME OF COLLEGE/UNIVERSITY/ALUMNI FUND/FOUNDATION OR ASSOCIATION)

Signature _____ Date _____

Print Full Name _____

Home Address _____

PART B VERIFICATION BY RECEIPT: To be completed by chief financial officer of college or university, or Designated office of alumni fund, foundation or association.

I certify that the gift in PART A above has been received and further that all contributions will be transmitted to the College or university for the sole benefit of the institution and that the institution, alumni fund, foundation or association is recognized by the Internal Revenue Service of the U.S. Treasury Department as an organization, contributions to which are deductible by the donor for Federal Income Tax purposes.

College, University or Fund _____ Address _____

Print Full Name of Officer _____

Title _____

Signature _____ Date _____

PLEASE RETURN TO: Matching Educational Gift Program, Personnel Department,
A.T. Cross Company, One Albion Road, Lincoln, RI 02865

PART C FOR A.T. CROSS USE ONLY

Check payable to _____

Amount _____ Date to be Paid _____

MANAGER, COMPENSATION, BENEFITS AND TRAINING

DATE

VICE PRESIDENT, EMPLOYEE RELATIONS

DATE

EXECUTIVE VICE PRESIDENT/TREASURER

DATE