

Abbott Fund Matching Grant Plan
Instructions
(Incomplete Forms Cannot Be Processed)

1. The employee, retiree, or director must complete Part A and send the entire form along with each contribution to the eligible donee of choice.
(Minimum gift \$25.00)

PART A

Social Security Number

Active () **Retired** () **Surviving Spouse** ()

Employee Name

or Surviving Spouse Name

Home Address

City/State/Zip

Daytime Telephone Number, Including area code

E-mail Address

Exact Date of Gift

\$ _____ **\$** _____
Amount of Gift (\$25 min) Amount to be Matched (\$25 min)

Type of gift: Please check one:

Check () **Credit Card** () **Securities** ()

If Securities, Number of Shares and Name of Security

Name of Institution

Institution City, State

Restriction or Purpose (if any)

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I authorize the above-named recipient Institution to report this gift to the Abbott Fund for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution. I have read and understood the guidelines of the Abbott Fund Matching Grant Plan.

Signature

Date

2. The eligible donee must complete Part B and mail the entire form to the Abbott Fund at the address provided at the bottom of this form.

PART B

Employer Identification Number (EIN)

Institution Name

Address

City/State/Zip

Telephone, including area code Fax, including area code

E-mail Web site Address (If any)

Date Gift Received

\$ _____ **\$** _____
Amount of Gift Tax Deductible Gift Amount

I hereby certify that:

- This Institution/program meets the eligibility requirements of the Abbott Fund Matching Grant Plan.
- Neither the employee nor the Abbott Fund will derive any personal material benefit from this gift or match.
- This Institution is in full compliance with the anti-terrorism laws legislated by the U.S. Patriot Act. In addition, by countersigning this Matching Gift Application, I agree that this Institution will not promote or engage in violence, terrorism, bigotry or the destruction of any state, nor will make sub-grants to any entity that engages in these activities.
- Funds/Foundations or Associations – I certify that at least 85% of all contributions received is given to educational institutions, hospitals or eligible public broadcasting stations.
- I am authorized to attest to the above statements and have sufficient knowledge to do so.

Authorized Officer's Name (please print)

Title (please print)

Signature of Authorized Officer

Date

Mail completed form and any required enclosures to:

Abbott Fund Matching Grant Plan
P.O. Box 8378
Princeton, NJ 08543-8378
Phone: 1-866-298-9699
E-mail: abbott@easymatch.com
Web site: www.easymatch.com/abbottfund