

Abbott Fund Matching Grant Program

Incomplete Forms Cannot Be Processed

Matching grant requests can also be submitted online at www.abbottemployeesgive.com/match or www.abbottretireesgive.com/match if you are retired.

Your Information	* = Required Information
Active Retired	
Employee or Director First Name* Middle In	itial Last Name*
Unique Personal Identifier (UPI)* Division	Location/Site
Home Address*	
Email Address*	Phone Number*
What Is Your Method of Payment? Please note: All payments should be made directly to the organization. To r www.abbottemployeesgive.com/match or www.abbottretireesgive.com/match Please choose one option below:	nake credit card payments to the organization via the Matching Grant Program's website, please visit: if you are retired.
Check Credit Ci Credit Ci Cash Credit Ci	ard
Amount of Gift (Minimum of \$25)*	Date of Gift*
Amount to be matched (Minimum of \$25)*	
Organization Name*	Organization EIN (optional)
Organization Address*	Organization Phone Number*
	The above organization is a (check one):*
Designation I have attached proof of this donation* Ves I certify that neither my family nor I will derive any direct or indirect	 Private School (K-12) Public School (K-12) College/University Graduate/Professional School Public Broadcasting Station Hospital
 material benefit from this contribution, financial or otherwise. I certify that my gift is a voluntary contribution, which fully complies with the guidelines of the Abbott Fund Matching Grant Program 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 future matching contributions. In addition, I certify that I have not been nor will I be reimbursed by anyone for this contribution. I have read and understood the guidelines of the Abbott Fund Matching Grant Plan. I Agree* 	nes supports one of the above
	Abbott Fund Matching Grant Plan 100 Abbott Park Rd.
Signature*:	Date: Abbott