

**THE ABELL FOUNDATION MATCHING GIFTS PROGRAM
APPLICATION FORM**

PART A – DONOR

Please fill out this portion and send the form, along with your contribution, to the designated charitable organization.

To: _____
name of organization

city state

Enclosed is my personal gift of \$ _____ or _____ shares of _____,
(number) (security)
having a quoted market value of \$ _____ on _____ which will be matched \$2.5
to \$1 with Abell funds.

From: _____
donor's name date of gift

street address city state zip code

signature date of employment

PART B – FINANCIAL OFFICER OF CHARITABLE ORGANIZATION

Please fill out this portion and return the form along with a copy of your IRS tax-exempt determination letter to:
The Abell Foundation, Inc. 111 South Calvert Street, Suite 2300, Baltimore, MD 21202-6174
Attn: Ms. Lynn Heller, Vice President.

I certify that \$ _____ has been received on _____ in the form of _____ and that
(date) (cash, check or securities)
such gift is not a payment made in lieu of tuition, subscriptions, membership or services rendered.
I further certify that the institution (please check applicable section):

- _____ a. is an accredited college, university or technical institution
- _____ b. is an accredited primary and/or secondary school
- _____ c. is a nonprofit cultural institution or organization
- _____ d. is a nonprofit human service organization
- _____ e. is a nonprofit historic preservation agency
- _____ f. is a nonprofit conservation agency

print name of officer title date authorized signature

name of institution

street address city state zip code

FOR FOUNDATION USE ONLY

Verification of IRS _____ Date of check _____
Amount _____ Check Number _____

PART C – ACKNOWLEDGEMENT OF FOUNDATION MATCH

The Abell Foundation has sent its \$2.5 to \$1 matching gift and is pleased to join you in supporting the charitable activities of this institution of your choice.

amount foundation representative date