

Matching Donation Request Form

Part I: For Employee Making Donation *(Complete this part and give form to M.H. Gjertsen.)*

First Name Middle Initial Last Name

Home Street Address City State Zip Code

Amount of Donation \$ _____
(Attach copy of charitable organization receipt)

Charitable Organization Name _____

Certification: I hereby certify that the above entries are true and accurate, and that this donation meets the conditions stated in Advanced Instructional Systems Matching Donation Program, including the stipulation that neither I nor any individual designated by me has received or will accept a benefit of more than nominal monetary value because of this donation or the matching donation by AIS. I also certify that the donation described is my personal contribution and was made from my personal funds.

Signature of Employee Date

Part II: Employer Authorization

Signature of Officer of the company Date

Part III: For Charitable Organization Receiving Donation *(Send to charitable organization, if required by AIS.)*

As an authorized officer of this organization, I hereby affirm that the donation described in Part I above has been received by this organization, and that this organization is qualified to apply for matching funds under the guidelines of AIS Matching Donation Program (see attached).

Name of Organization Telephone Number

Street Address City State Zip Code

Name of Authorized Officer Title

Signature of Authorized Officer Date

Return to: Advanced Instructional Systems, Inc., 1730 Varsity Drive Ste 200, Raleigh, NC 27606 Attn: Margaret H. Gjertsen E-mail: Gjertsen@webassign.net / Fax: (919) 829-1516