



Matching Grant Program

*Note: Only active full-time Ameren employees are eligible for this program
 Program applies to universities and colleges only

Enclosed is my personal grant to the **college or university** of my choice, which is authorized to report this grant to the Ameren Charitable Trust to apply for a matching grant, under the provisions of the Ameren Corporation Matching Grant Program. Ameren will match paid grants of not less than \$10 and totaling not more than \$2000 per employee per year.

Part I (to be completed by the employee and mailed with the grant)

Please print or type

Employee Name			Complete Name of Institution		
Home Address			Fund, Foundation, Assn. Name, If Any		
City	State	Zip	Institution Address		
Employee Number	Mail Code		City	State	Zip
Securities No. of Shares	Title of Security		Market price at date of grant. \$		Amount of gift to be matched \$
I certify that the information submitted is correct and represents my personal gift under the provisions of the program.					
Sign x _____			Date _____		

Part II (to be completed by the recipient institution and sent to Ameren)

To apply for a matching grant, this certification must be completed by the authorized official of the recipient institution and returned to :

Ameren Community Relations
 P. O. Box 66149, Mail Code 100
 St. Louis, MO 63166-6149

Payments will be issued twice annually.

I certify that the grant as shown on the reverse side has been received and further, if a tax-supported institution, that all contributions will be used for scholarship funds, financial aid to students, or capital projects primarily supported by private subscription. I also certify that said institution is (a) a degree granting institution (b) recognized as tax-exempt by the Internal Revenue Service (c) accredited by the appropriate regional or professional accrediting associations (d) listed in Higher Education Directory of the U.S. Office of Education.

Please print or type

Name of Institution			
Address	City	State	Zip
Net Contribution (total gift minus the value of goods and services)		No. of Shares	Date Received
Name of Authorized Officer		Title of Authorized Officer	
Signature		Phone (include area code)	