

**AMERICAN TOWER MATCHING GIFT PROGRAM
CONTRIBUTION REGISTRATION FORM**



Part A – To Be Completed by Employee	Part B – To Be Completed by the Organization
Fill out this part and mail entire form along with your contribution to the named organization.	Fill out this part of the form and mail to: American Tower Corporation Attn: Alicia Sarro 116 Huntington Avenue, 11 th Floor Boston, MA 02116
Enclosed is my personal gift of: \$ _____ Date _____	I hereby verify receipt of the above-stated gift: \$ _____ on such date: _____
Name of Organization: _____ I hereby authorize the above named organization to verify this gift and report it to American Tower Corporation, Boston, MA, for the purpose of qualifying for a contribution under the American Tower Matching Gift Policy. I am currently employed by American Tower Corporation or an American Tower affiliate.	Name of Institution: _____
Full name of employee contributor: _____	President or Managing Director’s Full Name: _____
Operating Unit/Division/Location: _____	Title: _____
If not employed by American Tower Corporation, please list affiliate name and address. Name of Affiliate: _____	Address: _____
Affiliate Address: _____	City: _____ State: _____ Zip: _____
Employee Signature: _____ Date: _____	Tax Identification Number: _____
	Signature: _____ Date: _____
	Title: _____
	This document must be accurate and complete. Please print or type.