



PART A: Donor *Please complete Part A and send entire form with your gift to the recipient organization.*

✓ 501(c)(3) Organization?

Date: _____

I enclose my gift of \$ _____ to: _____.

(Name of recipient organization)

I request that the above organization report this gift to Anchor QEA, LLC as an application for a matching gift.

Employee Name: _____

Home Address: _____

City/State/Zip: _____

Employee Office Location: _____

I certify that all of the information given above is correct and that my gift complies with all provisions of AQ's matching gift program.

Employee Signature: _____

PART B: Recipient Organization *Please complete Part B and send entire form to:*

Anchor QEA, LLC
720 Olive Way, Suite 1900
Seattle, WA 98101
Attn: Accounts Payable – Matching Gift Program

Date: _____

(Name of recipient organization)

Address: _____

City/State/Zip: _____

We acknowledge receipt of a gift of \$ _____ from _____ and certify that this organization meets the criteria established under Section 501(c)(3) of the Internal Revenue Code.

Tax ID # _____

Signature: _____

Name and Title: _____

**Matching funds will be processed in June 2012 and all requests must be received by Anchor QEA by June 30th, 2011*