



Anixter Cares

Matching Gifts to Higher Education

Donor Instructions

- Complete Part A of this form. Please print or type.
- Send the completed form to the recipient organization.

Recipient Organization Instructions

- Verify receipt of gift.
- Complete Part B of this form. Please print or type.
- Forward the completed form to the address printed below.

Part A: Donor Section

Employee Number

Employee Name

Home Address

City/State/Zip

Daytime Phone Number

If Applicable, Business Unit/Function

Exact Gift Date

Amount (min \$50)

Type of Gift (please check one)

Check

Credit Card

Type of Donor (please check one)

Salaried Employee

Non-Exempt Employee

Hourly

External Board of Directors

Name of Educational Institution

Restriction or Purpose of Gift (if any)

Name of National or Regional Accrediting Association

Name of Institution

Address

City/State/Zip

Telephone Number

Fax Number

E-mail Address

Date Gift Received

Amount of Gift

(if applicable) Tax Deductible Amount

I certify that this educational institution meets the eligibility requirements of the Anixter Matching Gifts to Higher Education Program, and that neither the donor nor Anixter will derive any personal material benefits from this gift or match.

Authorized Officer's Name (please print)

Title (please print)

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I have read and understand the guidelines of the Anixter Matching Gifts Program. I understand that only the tax-deductible portion of my donation is eligible for matching by Anixter's Matching Gifts Program.

Signature

Date

**Anixter Matching Gifts Program
2301 Patriot Boulevard
Glenview, IL 60026**