

**MATCHING EDUCATIONAL GIFT CERTIFICATION
AQUILA, INC.**

CONTRIBUTOR: Complete the top portion of this form, then send the entire form to the Chief Administrative or Financial Officer of the educational institution.

EDUCATIONAL INSTITUTION:

Name

Address

City, State and Zip

FINANCIAL CONTRIBUTION:

\$ _____ OR \$ _____
Cash Marketable Security (market value as of above date)

Description of Security, if applicable

For the purpose of qualifying the institution for a matching gift under the Aquila, Inc. Employee Matching Gift Program, I hereby authorize and request the Chief Administrative or Financial Officer to report my contribution to Aquila, Inc.

Employee-Associate Name

Home Address

City, State and Zip

Signature

Date

CHIEF ADMINISTRATIVE OR FINANCIAL OFFICER: Complete the portion below and return it to:

Lisa Heuser
20 West Ninth Street
Kansas City, Missouri 64105
(816) 421-6600

I hereby certify that a contribution of \$ _____ has been received by this institution on _____ from the above-named person and that this institution has qualified for Federal Income Tax Exemption under U.S. Internal Revenue Code, Section 501(c)3.

Name of Institution

By (please print or type name)

Address

Title

City, State and Zip

Signature

Date