



Please type and include all the requested information.

Donor Section: Please complete this section and mail entire page to Recipient Organization.

I am an eligible Full-time employee Retiree Board Member of Blue Cross and Blue Shield of Louisiana

Name Employee No.

Phone Email Department

I am pleased to enclose my personal gift of \$ _____ to _____
Min \$250-Max \$1,500 Organization Name

This organization is authorized to report this gift to the Blue Cross and Blue Shield of Louisiana for the purpose of qualifying for a matching gift in accordance with the Matching Gift Program, by providing certification and forwarding the completed form to Community Relations, Blue Cross and Blue Shield of Louisiana, P.O. Box 98029, Baton Rouge, LA 70898-9029.

Donor's Signature Date of Gift

Recipient Section: Please complete and mail entire page to address at bottom.

I certify that the above described gift of \$ _____ was received on _____

Name of Organization Employer Identification Number

Address City State Zip Code

Name & Title of Certifying Officer (print/typed) Telephone Fax

Signature Date E-mail Website

Submittal

This request will be processed upon receipt of a **completed form** and a **copy of the donor's check** or other proof of contribution. You will be notified of the approval or denial of a Matching Gift by Blue Cross and Blue Shield of Louisiana.

Blue Cross and Blue Shield of Louisiana reserves the right to amend, modify or terminate the Matching Gift Program at any time without notice and to determine whether or not a gift qualifies for matching funds.

Return to: Paula M. Neck
Coordinator, Community Relations
Blue Cross and Blue Shield of Louisiana
P. O. Box 98029
Baton Rouge, LA 70898-9029

Fax: 225-298-3175
E-Mail: Paula.Neck@bcbsla.com
Phone: 225-295-2342