



Broadridge Financial Solutions, Inc.
Attention: Jeannine Rose
2 Journal Square Plaza
Jersey City, NJ 07306
(201) 714-3501

Please do not staple

Part A – Please TYPE or PRINT and complete all items. To be completed by donor. (Please read guidelines before completing form.) Incomplete forms may be returned.

CORPORATE DIRECTORS / BOARD OF DIRECTORS	Amount of gift (minimum \$500)	Date of gift
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Corporate Director name (first, middle, last)

Home address (number, street)

City	State	Zip	Your phone number
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Name of receiving organization

Contact name at organization	Phone number for contact
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Specific use, if any, for gift

I hereby certify that I am eligible to participate in this program, that the information submitted by me is complete, and that my gift fully complies with the provisions of the Broadridge Matching Gift Program. This is a personal contribution and does not include any funds collected from others , nor does it represent payment for any service, tuition, or benefit to me.	Signature _____
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Part B – To be completed by the recipient organization. Please TYPE or PRINT and complete all items. PLEASE RETURN ORIGINAL FORM TO BROADRIDGE. Incomplete forms may be returned.

Name of organization	Amount received (minimum \$500)	Date received
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Address (number, street)

City	State	Zip	Phone number
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I certify that this matching gift was made by the individual named and has been received by this organization on the date specified. This gift will not used to fulfill payment of a pledge, any fees, services or in lieu of tuition.

Print or type name of authorizing officer	Title of authorizing officer
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Signature _____	For educational institutions and hospitals only; this institution is accredit by:
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Do not write in this space