



MATCHING GIFT PROGRAM

PART I. To be completed by employee

Name: _____

Address: _____

Contribution To: _____ Date of Contribution _____
(name of organization)

Address: _____ Amount _____

_____ Check # _____

Signature _____

Date _____

PART II. To be completed by Receiving Organization

As an authorized officer of this organization, I certify receipt on _____
(date)
of the contribution of \$ _____ from _____
(name of donor)
to _____

Name of certifying officer: _____

Title: _____

Signature: _____

Date: _____

***Please return completed form and a copy of your 501(c)(3) determination letter to Human Resources at the address below:**

**Crédit Agricole Corporate and Investment Bank
Attn: Human Resources
1301 Avenue of the Americas
New York, NY 10019**