

Matching Donation Request Form

Fill in Part A. Mail the entire form and a check to the institution of your choice.

Part A To be completed by donor. Please type or print.

Donor's Notification

Date of Gift _____ Amount (\$25 minimum) \$ _____

Recipient Institution _____

Organization Category (check one)

Arts and Culture Community and Civics Diversity & Inclusion Education Environment

Health and Human Services Public Services Other _____

Donor's Name _____

Home Address _____

Phone No. () _____ E-mail _____

Employment Date _____ Employment No. _____

Check One Employee Trustee

Form of Gift (check one) Check Cash Credit Card Securities

Description of Securities _____ No. of Shares _____

Donor's Signature _____ Date _____

The donor's signature authorizes the selected institution to report this gift to the company to apply for a matching contribution under the Matching Gift Program. The donor's signature also confirms that the gift listed above is a bona fide transfer of funds or securities belonging to the donor in the amount and form indicated.

The company reserves the right to audit the financial records of employees that apply for or receive matching gifts from the company. When you apply for a matching gift, you are agreeing to permit the company to conduct an audit, either as part of the application process or after the grant has been made.

Part B To be completed by institution.

Institution Verification

I hereby acknowledge the receipt of the gift described herein, the validity of the donor's signature, and the eligibility of this institution. I further certify that the gift is a bona fide transfer of funds or securities from the donor to whom this institution has not previously applied for matching funds.

Full Name and Title _____

School or Associated Organization _____

Mailing Address _____

Phone No. () _____ E-mail _____

Amount Received _____

Signature of Financial Officer _____ Date _____

Please return the completed form, along with a copy of the Institution's W9, to:

Con Edison
Attn. Matching Gift Program Coordinator
4 Irving Place, Room 1650-S
New York, NY 10003
powerofgiving@coned.com