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

Donor's Notification		
Date of Gift	Amount (\$25 minir	mum) \$
Recipient Institution		11
Donor's Name		
Home Address		
City	State	ZIP Code
Phone No. ( )	E-mail	
Employment Date E	mployee No.	Retirement Date
Check One □Employee □R	Retiree	
Form of Gift (check one)	eck □Cash □Credit	card Securities
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Josephine Calise **Matching Gift Program Coordinator** Con Edison 4 Irving Place, Room 1650-S New York, NY 10003 (212) 460-6912

