

**Creative Genius Matching Gifts Program  
Attn: Accounts Payable (Corp)  
Creative Genius Corporation  
P.O. Box 1392  
Reston VA 20191**

**TO BE COMPLETED BY CREATIVE GENIUS EMPLOYEE**

Name: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Name of institution receiving gift: \_\_\_\_\_

Total amount of gift: \_\_\_\_\_  Cash/Check  Securities

If securities, name and number of shares: \_\_\_\_\_

I certify that the amount of this gift is entirely my own and is entirely tax deductible under the U.S. Internal Revenue Code.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send form to recipient institution.

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**TO BE COMPLETED BY THE RECIPIENT INSTITUTION**

Name of institution: \_\_\_\_\_

Officer authorized to sign form: \_\_\_\_\_

Title: \_\_\_\_\_

Institution telephone number: \_\_\_\_\_

Amount received: \_\_\_\_\_ Date received: \_\_\_\_\_

I confirm that the above gift was received from the named contributor and that the entire amount of the gift is tax deductible in accordance with the U.C. Internal Revenue Code.

Authorized Signature: \_\_\_\_\_

**Send form to: Accounts Payable, Creative Genius Corporation, P.O. Box 1392, Reston VA 20191**

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**TO BE COMPLETED BY THE CORPORATE ADMINISTRATOR**

Officer authorized to sign form: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Amount requested: \_\_\_\_\_ Date received: \_\_\_\_\_

I confirm that the above gift was received from by the 501c3 and that the entire amount of the gift is tax deductible in accordance with the U.S. Internal Revenue Code.

Authorized Signature: \_\_\_\_\_

**Company sends matching gift to recipient institution.**