

CRUM & FORSTER MATCHING GIFTS FORM

Section A

To be completed by employee

Please fill out Section A completely and send this form along with your donation to the eligible organization or institution of your choice. The recipient of your contribution should fill out Section B and return the form to Human Resources Department.

Employee Data

Name _____

Home Address _____

City _____

State _____

Zip _____

Work Location: _____

City/State _____

Gift Data

Name of Nonprofit Organization _____

Gift Amount: \$ _____ (\$50 minimum)

Date of Gift _____

Signature _____

Date _____

Section B

To be completed by gift recipient

I certify that the contribution described in Section A was received by the organization below. This is an accredited institution or nonprofit organization located in the United States that has a letter from the US Treasury Department granting tax exemption under Section 501(c)(3) of the Internal Revenue code. Contributions by individuals and corporations are deductible on their federal income tax returns. I further certify that this gift is a donation and is not payment for any services provided.

Gift Amount Received _____

Tax Deductible Amount _____

Name of Organization _____

Taxpayer ID Number _____

Address _____

City _____

State _____

Zip _____

Telephone Number with Area Code _____

Web Address _____

Authorized Signature _____

Printed Name of Person Signing Above _____

Title _____

Please return this application to:

Human Resources Department
Crum & Forster
305 Madison Avenue
P.O. Box 1973
Morristown, New Jersey 07962-1973