



Educational Matching Gift Application

Section 1 – Donor (Employee or Director) Information Section

Name of Institution	Amount of Gift: \$ (\$25 Minimum)
Donor Name	Date of Gift
Address	Company <input type="checkbox"/> E.ON U.S. <input type="checkbox"/> LG&E <input type="checkbox"/> KU <input type="checkbox"/> WKE
City State Zip	Company Address
Donor Status Full Time <input type="checkbox"/> Director <input type="checkbox"/>	City State Zip
Donor Social Security Number	Department Number Phone Number
I certify that the information submitted is correct, that my gift fully complies with the provisions of the program, and that I am a regular, full-time salaried employee or director of E.ON U.S.	
Donor (Employee or Director) Signature	Date

Section 2 – College / University Information Section

Name of Institution	Amount of Gift: \$
Address	Check <input type="checkbox"/> Charge <input type="checkbox"/>
City	Securities <input type="checkbox"/> Number of Shares:
State Zip	Title of Security:
I certify that the above indicated gift has been received, and that it will be used to support the primary objectives of this institution, which is classified as a tax-exempt organization by the United States Internal Revenue Service under Code Section 501(c)(3). Also, I am enclosing written verification of 501(c)(3) status (IRS determination letter).	
Signature of Authorized Financial Officer Date	Phone # Fax # () _____ - _____ () _____ - _____

Return completed form to: Grants Administrator / E.ON U.S. Foundation / P.O. Box 32010 / Louisville, KY 40232