

EDISON PROPERTIES NEWARK FOUNDATION MATCHING GIFT PROGRAM

Attention: Human Resources Department

100 Washington Street, Newark, New Jersey 07102 (973) 643-7700 Fax: (973) 643-2272

Section 1 (to be completed by donor; please print)

Donor information: Name _____
Social Security Number _____
Address _____
City, State, Zip _____
Telephone _____

Business Address: Edison Loc. or Dept. _____
Address _____
City, State, Zip _____
Telephone _____

Donor Type (Check one): Employee Employee spouse

Gift Details: Amount _____
Recipient (Donee) Organization _____
Purpose _____
Date _____

Statement by Donor:

The gift (and its stated value), which is made from my personal funds, qualifies as a charitable donation for personal federal income tax purposes, and is for the use of the above-named organization. I understand that the Edison Properties Newark Foundation matching gift is for the unrestricted use of the organization and not for any specific purpose designated by me, including the cancellation of any personal or legal obligation. I verify that, in return for this gift, I have not received, nor will I receive, any payment, product, service or anything else of value whatsoever. By signing this form, I am certifying that the gift meets all of the requirements of the Edison Properties Newark Foundation Matching Gift Program.

Signature of Donor _____ Date _____

Section II (to be completed by charity recipient; please print)

Recipient Information: Organization _____
Charitable Purpose _____
Address _____
City, State, Zip _____
Telephone _____
Date of Gift _____
Purpose of Gift _____
Amount of Gift _____

Recipient's Acknowledgement: Signature _____
Name _____ Date _____