

## Federated Insurance Gift Matching Program Request Form

### Part I Employee Completes

Please read the Gift Matching Program Guidelines before completing this form. Complete **Part I** on this form. Send the form, and your contribution to the eligible organization of your choice.

Employee Name: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Recipient Organization: \_\_\_\_\_

Amount of Contribution (\$25 Minimum / \$250 Maximum per year): \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_

\* Only one request can be made per year

### Part II Recipient Organization Completes (Please Print)

**Return entire form and a copy of your organization's 501(c)(3) letter to:**

Julie Rethemeier                      **Or**      jmrethemeier@fedins.com  
Director of Public Affairs  
Federated Insurance  
121 E Park Square  
Owatonna, MN 55060

Name of Contributor: \_\_\_\_\_ Date Organization Received Gift: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

Recipient Organization: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Print Certifying Officer's Name and Title

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Date