



**EDUCATIONAL GIFT MATCHING PROGRAM
INSTRUCTIONS**

1. Employee complete Part A and send form to educational institution along with gift.
2. Chief Financial Officer of educational institution complete part B within 90 days of receipt of gift and send entire form to:

Foundation Officer
 Fifth Third Bank
 38 Fountain Square Plaza, MD 1090CA
 Cincinnati, OH 45263

3. Fifth Third Foundation will mail check directly to institution.

PART A

NAME _____ SOCIAL SECURITY NUMBER _____

EMPLOYMENT DATE _____ EMPLOYEE NUMBER _____ COST CTR _____

E-MAIL ADDRESS _____ PHONE _____ MAIL DROP _____

FIFTH THIRD DEPARTMENT OR AFFILIATE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF EDUCATIONAL INSTITUTION _____

CITY _____ STATE _____

TYPE OF GIFT CASH SECURITIES AMOUNT \$ _____ DATE OF GIFT _____

IF SECURITIES, COMPANY _____ NO. OF SHARES _____ TYPE OF STOCK _____

I certify that the information submitted is accurate and that my personal gift is in accordance with the provisions of the Educational Gift Matching Program.

SIGNATURE OF DONOR

PART B

CHIEF FINANCIAL OFFICER OF INSTITUTION - NAME _____

TITLE _____

NAME OF INSTITUTION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I certify that the gift described in Part A has been received by this institution, and that it is eligible for a matching gift under the provisions of your Educational Gift Matching Program.

SIGNATURE OF CHIEF FINANCIAL OFFICER