

Matching Gifts Program

C. B. Fleet Co., Inc. • P.O. Box 11349 • Lynchburg, VA 24506

INSTRUCTIONS: Donor shall complete Section A and forward, along with contribution, to the institution. The institution should complete Section B and return to above address.

SECTION A - (TO BE COMPLETED BY DONOR)

Date of Gift: _____

Enclosed is my personal gift of \$ _____ or _____ shares of

(Description of securities)

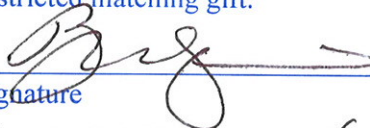
(Please state value of securities at time of gift)

Name of Institution

I am eligible to participate in the Matching Gifts Program and authorize the above-named institution to report the gift to C. B. Fleet Company, Inc., for the purpose of applying for an unrestricted matching gift.

BARBARA J. CHAMBLISS

Print or type full name



Signature

2423 MIMOSA DRIVE

Home Address

LYNCHBURG, VA 24503-2909

City, State, Zip Code

SECTION B - (TO BE COMPLETED BY INSTITUTION and received by C. B. Fleet Co., Inc., no later than January 15 of the following year in which the gift is made. Applications received after January 15 will be held for payment the following year.)

THE UNDERSIGNED HEREBY CERTIFIES to C. B. Fleet Co., Inc., that the undersigned holds the office set forth below and that the above gift of \$ _____

or _____ shares of _____

has been received by this institution. The undersigned further certifies that: (1) the above gift and the matching gift of C. B. Fleet Co., Inc., are to be used for the charitable purposes of the institution and not be used for the personal benefit of the donor or any member of the donor's family, and (2) this institution is a tax-exempt organization qualified with the Internal Revenue Service to receive tax deductible contributions and will provide to C. B. Fleet Co., Inc., documentary proof of such status upon request.

X _____
(Print or type full name and title)

X _____ X _____
(Signature) (Date)

X _____ X _____
(Name of institution) (Tax Identification Number)

X _____
(Address) (City, state, zip code)