MATCHING GIFT PROGRAM

Gilbane

Part A - EMPLOYEE INFORMATION

To be completed by the Employee.

1. Name and address of employee (print or type):

2. Employee Number:

3. Employee's location (office or field):

☐ GBC ☐ GDCo ☐ GFC

4. Gift amount ($50 min.) _____

5. Date of gift _____

6. Name of institution or organization receiving the gift (enter full name):

7. Gift is (check one): ☐ unrestricted **OR** ☐ to be used for the following purpose:

8. I hereby certify that the above entries are true and accurate.

Signature of employee _____

Part B - INSTITUTION CERTIFICATION

To be completed by an authorized officer of the recipient institution.

Please check Part "A" for obvious omissions or errors and return the form to the contributor for correction if necessary. For your record, a copy of this form will be returned with the matched donation.

I hereby certify that on _____, the gift listed on Part "A" of this form was received (not a pledge but an actual gift) from _____. I also certify that the below-mentioned institution is both nonprofit and nonproprietary and that the full amount of the above gift will be used exclusively for the benefit of the institution. (*Please submit a copy of your W9 if you have not previously done so.)*

(Name of institution)

(Address of institution)

(Print full name of certifying officer)

(Title)

(Signature of certifying officer)

(Date)

Mail completed document to:

Gilbane – Attn: Joan Elouadih
Matching Gift Program
7 Jackson Walkway
Providence, Rhode Island 02903

Accounting: Send check and copy of executed form to Institution.
Human Resources: Send copy of executed form to employee.

For Human Resources Use Only

(Approved Amount)

(Control no.)

(Employee name/location)

(Approval signature)

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