



PART II:

The charitable organization must complete Part II and the W-9 Form and mail it to: HCP, Inc., 1920 Main Street, Suite 1200, Irvine, California 92614, Attention: HR Department.

Donor's Name	
Gift Amount	
Date of Donation	
Name of Organization	
Authorized Person receiving the gift	
Title	
Address of Organization	
Telephone #	

I certify that our organization is a non-profit, tax-exempt, 501(C)(3) organization according to the United States Internal Revenue Code, and attached is a true and correct copy of the organization's IRS tax exemption letter.

Signature

Date

To be completed by HCP's Social Responsibility Committee		
Approved by	Signature	Date Approved
Social Responsibility Committee		
Amount approved		