

	Corporate Affairs Employee Matching Program Gift Conveyance Form	Document	CAF-FRM-001
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		Revision	A
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**Employee Matching Program
Gift Conveyance Form**
 (To be filled out by Employee Donor)

Type or Print Name of Hawaii Gas Employee	Department/Location	
Employee Signature		
Name of 501(c)(3) Organization	Date	
Address		
City	State	Zip Code

I am pleased to enclose my personal gift of \$_____.

You are authorized to report this gift to Hawaii Gas for the purpose of qualifying for a gift of \$_____ in accordance with the company's Employee Matching Gifts Program.

Please complete the form by providing the appropriate certification information below in addition to filling out a W-9 Request for Taxpayer Identification form (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>) then have an authorized individual sign the form and return to:

**Hawaii Gas
Employee Matching
P.O. Box 3000
Honolulu, HI 96802-3000**
Attn: Charitable Contributions Committee
charitablecontributions@hawaiigas.com

CERTIFICATION (To be completed by 501(c)3 Organization)

This is to certify that the above gift was received on (month) ____ (day) ____ (year) ____ and that this organization Meets the eligibility requirements for a matching gift.

(Name of Organization)	(Print Name of Authorized Person)	
(Signature of Authorized Person)	(Title of Authorized Person)	(Date)

Proprietary Information

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