



100 Crystal A Drive
Hershey, PA 17033
717-534-7880

Higher Education Gift Matching Program

To be filled out by employee or retiree:

- 1. Employee or Retiree Social Security Number:
- 2. Name:
- 3. Home Address:
- 4. City, State, ZIP
- 5. Name to be listed as the contributor:
 - Same as Above
 - Spouse:
 - Both:
- 6. Employee Status:
 - Hourly Salaried Retired Spouse of Deceased Retiree Board of Directors
- 7. Employee's Work Location:
College or university to which check should be made out:
- 8. Name:
- 9. Address:
- 10. City, State, ZIP
- 11. Amount of Your Gift \$
- 12. Gift Designation, if any:

Employee Certification - I hereby certify that I qualify as an eligible donor to make this gift under the terms stated in the guidelines for the Higher Education Gift Matching Program.

13. Employee Signature: _____ Date: _____

To be filled out by authorized official of college or university:

- 1. Official's Name (Print) _____
- 2. Official's Title _____ Phone: _____

I hereby certify receipt of gift as stated above and further attest that this recipient meets the requirements of eligibility stated in the guidelines for the Higher Education Gift Matching Program.

3. Official's Signature: _____ Date of Receipt: _____