



Matching Gifts Program

PART A For Employee to Complete

Please complete this section and send the form with your gift to the eligible organization of your choice.

EMPLOYEE NAME		EMPLOYEE ID#
DEPARTMENT	MAIL CODE	WORK PHONE
WORK E-MAIL ADDRESS		
RECIPIENT ORGANIZATION NAME		
ADDRESS		
CITY	STATE	ZIP CODE
AMOUNT (\$100 MINIMUM)	DATE	
\$		
EMPLOYEE SIGNATURE		

PART B Verification for Organization to Complete

NAME OF ORGANIZATION			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
FEDERAL EMPLOYER IDENTIFICATION #			

A copy of 501(C)(3) determination letter must be attached.

I certify that on _____ a gift in the amount of \$ _____ was received from the above Highmark employee.
DATE

This contribution will not be used in exchange for services rendered (tickets, memberships, scholarships, tuition, subscriptions, advertising, dinner or participation in fundraising events such as walks, runs, etc.).

NAME OF CERTIFYING REPRESENTATIVE (PLEASE PRINT)	TELEPHONE NUMBER
TITLE	
SIGNATURE	

After completing, please mail to: Community Affairs
Highmark
120 Fifth Avenue, Suite 2118
Pittsburgh, PA 15222

FOR MORE INFORMATION, PLEASE E-MAIL: donnetta.agbodzie@highmark.com