



# HIGHMARK.

## 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 #			
_____ <i>A copy of 501(C)(3) determination letter must be attached.</i>			

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

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](mailto:donnetta.agbodzie@highmark.com)**