

## Application for Matching Gift

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### **PART 1** *(to be completed by the Contributor)*

Enclosed is my personal gift of \$ \_\_\_\_\_

to: \_\_\_\_\_  
*(Name of Academic Institution)*

*I am eligible to participate in the Matching Gifts Program and authorize the above named institution to report this gift to Hollingsworth & Vose Company to qualify for a matching contribution.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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### **PART 2** *(to be completed by the Institution)*

*As an authorized officer of this institution, I certify that the gift described above was received and that this institution meets the eligibility requirements of the Hollingsworth & Vose Company Matching Gifts Program described on the bottom of this application*

Institution \_\_\_\_\_

Address \_\_\_\_\_

Certifying Officer \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

#### ***Institution Eligibility Requirements***

Any grade school (elementary through high school), junior college, college, university or graduate school will qualify as a recipient. Qualified institutions, as defined above, must be located within the United States or its' possession and be a non-profit organization which has an IRS ruling stating that contributions to it are deductible for federal income tax purposes.

**Please return entire form to:**  
**Hollingsworth & Vose Company, Corporate Human Resources**  
**112 Washington Street, East Walpole, MA 02032**