

INSTRUCTIONS

Employee:

- ◆ Complete Part 1 of this form – one for each gift. Please print or type.
- ◆ Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Institution:

- ◆ Verify receipt of gift.
- ◆ Complete Part 2 of this form. Please print or type.
- ◆ If this is your first matching gift request to The Horizon Foundation for New Jersey Matching Gifts Program, enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary purpose.
- ◆ Please forward the form to the address printed below.

PART 1 – To be completed by employee

Part 2 – To be completed by recipient institution

EMPLOYEE ID NUMBER

EMPLOYER IDENTIFICATION NUMBER (EIN)

EMPLOYEE NAME

INSTITUTION NAME

HOME ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

BUSINESS TELEPHONE, INCLUDING AREA CODE

TELEPHONE, INCLUDING AREA CODE

E-MAIL ADDRESS

E-MAIL AND WEB SITE ADDRESSES (IF ANY)

EXACT DATE OF GIFT

DATE GIFT RECEIVED

\$ _____
AMOUNT OF GIFT (MIN \$25)

\$ _____
AMOUNT OF MATCH REQUESTED (MIN \$25)

\$ _____
AMOUNT OF GIFT

\$ _____
TAX DEDUCTIBLE GIFT AMOUNT

Type of Gift: Please check one:

Check

Credit Card

I hereby certify to The Horizon Foundation for New Jersey of the receipt of the gift described above, the eligibility of this institution and the use of these funds to support the primary aims of this institution, attesting that they will not be used to pay any fees or in lieu of tuition.

AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER

DATE

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I have read and understand the guidelines of The Horizon Foundation for New Jersey Matching Gifts Program.

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

The Horizon Foundation for New Jersey Matching Gifts Program
P.O. Box 7109
Princeton, New Jersey 08543-7109
Phone: 1-866-295-5638
E-Mail: Horizon@easymatch.com

EMPLOYEE SIGNATURE

DATE