

**Jackson Healthcare Matching Gifts Program  
Grant Application**

**Donor Instructions:**

Complete Part 1 of this form—one for each gift. *Please print or type.*

Send the form and copy of the program guidelines with your contribution to the recipient organization.

**Recipient Organization Instructions:**

Verify receipt of gift

Complete Part 2 of this form—*Please print or type.*

If this is your first matching gift request to the Jackson Healthcare Matching Gifts Program, please enclose a copy of your 501(c)3 IRS determination letter and a brief description of your organization's primary mission statement or purpose.

Forward to the address printed below

