

Please type and include all the requested information.

Part A: To Be Completed by Blue Cross and Blue Shield of Louisiana Full-Time Employee, Retiree, or Board Member

Organization's Name: _____

Program or Project Name: _____

Address, City, State, Zip: _____

Type of Organization: Health-Related
 Education-Related

Amount of Your Gift: \$ _____ Note: Personal check only

Your Name (print): _____ Employee No. (if applicable): _____

Phone: _____ E-mail: _____ Department: _____

Signature (required): _____ Date: _____

Explanation Regarding How Your Contribution Will Be Used by This Organization (no more than 50 words):

Part B: To Be Completed by 501(c)(3) Organization

Organization's Name: _____

Date Incorporated as a 501(c)(3) Organization: _____ or Application Date for 501(c)(3) Status: _____

IRS 501(c)(3) Number: _____ Please attach a copy of your IRS 501(c)(3) certificate. (required)

Program or Project Name: _____

I certify that the gift from the above named Blue Cross and Blue Shield of Louisiana full-time employee, retiree, or board member in the amount indicated was received and used for the purpose described above.

Name (print) Signature (required)

Address, City, State, Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Web Address: _____

Organization's Area of Interest / Focus (check one):

- Health-Related – Improving public health, reducing barriers to care for the uninsured, or conducting research to prevent or cure disease
- Education-Related – Increasing health literacy, the training of medical professionals, or the education of youth (pre-kindergarten through undergraduate degree)

**Return to: Ms. Paula Neck
Community Relations Coordinator
Blue Cross and Blue Shield of Louisiana
P. O. Box 98029
Baton Rouge, LA 70898-9029**

**Fax: 225-298-3175
E-Mail: Paula.Neck@bcbsla.com
Phone: 225-295-2342**

This request will be processed upon receipt of a completed form and a copy of the donor's check or other proof of contribution. You will be notified of the approval or denial of a Matching Gift by the Blue Cross and Blue Shield of Louisiana Foundation.

The Blue Cross and Blue Shield of Louisiana Foundation reserves the right to amend, modify, or terminate the Matching Gift Program at any time without notice and to determine whether or not a gift qualifies for matching funds.