



Section A (To Be Completed by Employee)

Name _____ SS# _____

Address _____
Street City State Zip

Have you participated in the Plan before Yes _____ No _____

Enclosed is my personal contribution of \$ _____

Given to _____

Fund/Purpose (if designated) _____

Employee Relationship to Institution _____ Student _____ Alumni _____ Other _____

Employee Signature _____

*For securities, give number of shares and quoted market value on date contribution was made from broker or newspaper clipping or stock value that day.

Section B (To Be Completed by Institution)

The institution named below hereby certifies that it received a gift of \$ _____ on _____ from _____ and warrants that it is an eligible institution and the gift is a qualified contribution as defined in the "Provision of the Plan."

Please make check payable _____

Type of Institution _____ Private _____ Public _____ Other _____

Name of Institution _____

Address _____
Street City State Zip

Attention: _____

Signature: _____

Submission deadline: Participating colleges and universities must submit Matching Gifts Forms no later than 90 days after receipt of the employee's gift to be eligible for match.

Please mail this Matching Gift request form to: **LBX Company LLC, Human Resources Department, 2333 Alumni Park Plaza, Lexington, KY 40517**