



LCS[®]

Application for Matching Gift

PART A (To be completed by donor)

Please complete this section and send the entire form with your gift to the college or university of your choice. Please type or print.

Name of Employee _____

Address _____

City _____ State _____ Zip _____

Institution Receiving Gift _____

Gift of \$ _____

Donor's Signature

Date

PART B (To be completed by institution)

Please complete this section and send the entire form to:

Taylor McCaffrey
Life Care Services LLC
Capital Square, 400 Locust St., Suite 820
Des Moines, IA 50309-2334

"I certify that the above described gift in the amount of \$ _____ was received on _____ (date)."

Name of Eligible Institution

Address

Name and Title of Certifying Officer

Phone Number

Signature

Date