



# Educational Matching Gift Application

## Section 1 — Donor (Employee or Director) Information Section

|   |                                    |                                   |   |
|---|------------------------------------|-----------------------------------|---|
| Name of Institution   | Amount of Gift: \$                 | (\$25 Minimum)                    |   |
| Donor Name  | Date of Gift                       |                                   |   |
| Address   | Company                            | <input type="checkbox"/> LG&E/KU  | <input type="checkbox"/> LG&E <input type="checkbox"/> KU |
| City  | State                              | Zip                               | Company Address   |
| Donor Status  | Full Time <input type="checkbox"/> | Director <input type="checkbox"/> | City  |
| Donor Social Security Number  | Department Number                  | State                             | Zip   |
| Donor (Employee or Director) Signature  |                                    | Phone Number                      |   |
| I certify that the information submitted is correct, that my gift fully complies with the provisions of the program, and that I am a regular, full-time salaried employee or director of LG&E/KU. |                                    |                                   |   |
| Donor (Employee or Director) Signature  |                                    | Date                              |   |

## Section 2 — College / University Information Section

|  |  |
|--|--|
| Name of Institution  | Amount of Gift: \$   |
| Address  | Check <input type="checkbox"/> Charge <input type="checkbox"/> |
| City   | Securities <input type="checkbox"/> Number of Shares:          |
| State  | Zip  |
| Title of Security:   |  |
| I certify that the above indicated gift has been received, and that it will be used to support the primary objectives of this institution, which is classified as a tax-exempt organization by the United States Internal Revenue Service under Code Section 501(c)(3). <b>Also, I am enclosing written verification of 501(c)(3) status (IRS determination letter).</b> |  |
| <div style="border: 2px solid red; padding: 5px; display: inline-block;"> <b>Federal Tax ID Number:</b> </div>   |  |
| Signature of Authorized Financial Officer  | Date   |
| Phone # _____ Fax # _____<br>( ) _____ - _____ ( ) _____ - _____   |  |

Return completed form to: Grants Administrator / LG&E and KU Foundation / P.O. Box 32010 / Louisville, KY 40232