

Check One: LII Corporate Donor Name (Last) Home Street Address City Name of Recipient Institution/Organiza	Worldwide Heating & Cooling (First) State	Worldwide Refrigeration (Middle Initial)	Service Experts Work Location
Home Street Address City		(Middle Initial)	Work Location
City	State		
·	State		
Name of Paciniant Institution/Organiz		Zip	Work Phone
Name of Recipient Institution/Organiza	ation		
Designate Special Fund or Use if Appl	icable		Amount of Gift
	<i>nount of Gift</i> designated above organizations. I authorize the		
Section II – Recipie	ent (PLEASE TYPE OR PRINT)		ted by recipient and returned to:
	P.O. Box 799900,	nc. Matching Gifts Program Dallas, TX 75379-9900 I Public Relations	
Amount of Gift Received		Name of Donor	
Were Goods or Services Received in Return for Contribution?	Yes No Value of Good	ls/Services Received	Net Contribution
Complete Name of Recipient Institutio	on/Organization		
Street Address			
City	State	;	Zip
Officer's Name		Officer's Title	
IRS 501(c) (3) Tax Exempt Number		Area Code/Telephone Numbe	2r

or organization, which is classified as 501 (c) (3) tax-exempt by the United States Internal Revenue Service.

Authorized Signature

Date

Lennox International Inc. reserves the right to revise or terminate the Matching Gifts Program at any time. **Eligibility is determined by Lennox International Inc. in its sole discretion.**