

Request for Matching Funds

A. Donor Information – Fill out this section in its entirety**										
Gift Type:					Purpose of Gift: Goat					
Name:					Amount of Gift:					
Address:										
City:			State:		Zip:			Form of Gift: Credit Card		
Employee Office Location:										
B. Completed by Authorized Financial Officer of Organization: **Forms returned with blank fields cannot be processed. I certify that the gift described above has been received and that it complies with the provisions of the program.										
Recipient Organization:					<u>IRS 501(c)(3) Identification</u>					
Organization Address:										
City:			State:		Zip:					
Signature:					Date:					
Please send entire form to:										
Individual Matching Gift Program c/o Midland National Human Resources One Midland Plaza Sioux Falls, SD 57193										