

Newedge Financial Inc- Matching Gift Program

PART I. To be completed by employee

Employee Name: _____

Contribution To: _____
(name of organization)

Date of Contribution ____ / ____ / ____ Amount: \$ _____

Signature _____

Date _____

PART II. To be completed by Receiving Organization

As an authorized officer of this organization, I certify receipt of:

Contribution Amount: \$ _____

On this date: ____ / ____ / ____

To (Organization Name): _____

Organization Address: _____

By (Donor Name): _____

Name of certifying officer: _____

Title: _____

Signature: _____ Date: _____

To the Donee Organization:

Please return completed form and send, along with a copy of your 501(c)(3) determination letter, to the address below:

Newedge Financial Inc
Attn: Janet Anderson
Human Resources
550 W Jackson Blvd., Suite 500
Chicago, IL 60661

For internal use only:

AML Review by: _____ Date: _____

Human Resources Review by: _____ Date: _____