

# Newedge USA LLC - 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 USA LLC  
Attn: Kristi McLoughlin  
Human Resources  
550 W Jackson Blvd., Suite 500  
Chicago, IL 60661

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*For internal use only:*

AML Review by: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources Review by: \_\_\_\_\_

Date: \_\_\_\_\_