OCH-ZIFF CAPITAL MANAGEMENT MATCHING GIFT PROGRAM

Donor: Complete Section A of this form and mail it along with your contribution to the eligible institution. By signing in the space provided at the end of Section A, the donor certifies that such gift complies with the provisions of the Och-Ziff Matching Gift Program (the "Program"), and authorizes the recipient institution to report such gift to the Program. Remember the Program will match donations made by eligible employees, up to \$2,500 per year, per employee, for one eligible charity of the employee's choice.

Recipient Institution: An authorized representative of the institution should complete and sign Section B, thereby certifying that the contribution has been received and that the gift complies with the provisions of the Program. This form **and a copy of the Institution's IRS 501** © (3) **ruling** should be mailed to: Och-Ziff Capital Management 9 West 57th Street, 39th floor, NY, NY 10019-Attn: Donna Litvinsky.

Section A To be Completed by Member/Employee/Donor	Section B To be Completed by the Recipient Institution
Name:	I,, certify that the information set forth below is correct and that the institution is an eligible 501 © (3) organization. I also certify that (name of Institution) has received the gift. If the gift by the Donor listed in Section A is made to a program which is affiliated with a religious organization, the gift will be restricted to a non-sectarian project that provides services to the community at large on a non-discriminatory basis. If the gift is made to an educational institution, neither the Donor's gift, nor the Matching Contribution would constitute payment for tuition, books, fees, alumni dues, insurance premiums or similar items.
Department:	
Hire Date:	
Name of Organization:	
Have you submitted for any other matching contribution this year? ☐ yes ☐ no	
Method of Payment:	Signature Date
□ check □ credit card □ cash	Title
I certify that I have read the guidelines for the Program,	Institution Address:
that this donation complies with the provisions of the	
Program and that the information submitted is correct.	Telephone Number: Fax
Member/Employee/Donor Date	Number:
Contribution Amount: Contribution	EIN Number:
Date:	
To Be Completed By Human Resources:	
Approved By:	
Processed By:	
Date Match Sent:	