å	Transaction Number	Verification Cod	le
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To be completed by authorized institution representative. The institute representative responsible for confirming receipt of this gift should access https://iverify.truist.com to complete this process. An institution utilizing this application for the first time will be required to register. Once registered, retain your institution's username and password for future use. By entering the transaction number and verification code located in the upper right hand corner of this form, the institution can view the donor's record. The institution is responsible for entering any information provided in this form that has not been entered by the donor.

Donation

To be completed by donor - complete the form below, and attach your gift and send directly to the institution.

Employee Name		Employee Number		-		*	
Employee Address			City		State	Zip Code	
			Stamford				
Phone Number	Email Address						
]	•	
Donation Amount Address	Name of Institution	n or Tax-Exemp	City		State	ayment Date Zip Code	
Form of Gift	,		* 1.			-	
Request a Match							
I hereby authorize the institut qualifying for a contribution i Signature	ion named above to rep n accordance with the p	rovisions o	f the Company's N	Natching Gift	r for the p Program	ourpose of	