

# Pzena Investment Charitable Fund Matching Gift Program

## Section I: To be completed by the donor

**Donor Name:**

**Recipient Organization:**

Official Name:

Address:

City, State, Zip:

Exact Date of Gift:

Gift amount to be matched:

## Section II: To be completed by the recipient organization

**Recipient Organization**

Organization Name:

Employer Identification Number:

Address:

City, State, Zip:

Telephone No:

Fax No:

Website Address:

Exact Date of Gift:

**I certify that the above indicated gift has been received and was used to support the primary objectives of the organization, which is classified as a tax-exempt organization under section 501 (c) (3) of the U.S. Internal Revenue Code.**

**Name:**

**Title:**

**Signature:**

**Date:**