

MATCHING GIFT REQUEST FORM

PART 1 - DONOR SECTION
(Please print or type)

Last Name	First Name	Initial
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Division/Department	Day Telephone
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 Home Address

City	State	Zip Code
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 E-mail

 Exact Date of Gift

\$ Amount of Gift	\$ Amount to be Matched <small>(maximum match is \$100)</small>
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 Name of Organization

 Organization City, State

 Restriction or Purpose (if any)

I hereby certify that neither my family nor I will derive any direct financial or material benefit from this contribution. I authorize the above-named recipient to report this gift to the South Central Connecticut Regional Water Authority for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of this program, and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution. I have read and understood the guidelines of the South Central Connecticut Regional Water Authority Matching Gift Program.

 Employee's Signature

 Date

PART 2 - RECIPIENT ORGANIZATION SECTION
(Please print or type)

Name of Organization	EIN #
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 Address

City	State	Zip Code
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 Telephone

 E-mail

 Website

 Date Gift Received

\$ Amount of Gift	\$ Tax Deductible Gift Amount
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I hereby certify that this organization/program meets the eligibility requirements of the South Central Connecticut Regional Water Authority Matching Gift Program, and that neither the donor nor the Regional Water Authority will derive any personal material benefit from this gift or match.

 Name of Officer *(Please print)*

 Title

 Signature

 Date

**Please return application to:
Matching Gift Program**

 South Central Connecticut Regional Water Authority
 90 Sargent Drive
 New Haven, CT 06511

Telephone: 203-401-2738

 Email: kpowell@rwater.com