

Name of Financial Officer

Title

Signature

entire form to: indicating your tax exempt status. Please enclose a copy of the IRS Letter Return

Security Mutual Life Insurance Company Human Resources of New York

Binghamton, NY 13902

shall be final. time) shall be determined by Security Mutual Life Insurance Company of New York and its decision changed, suspended, revoked, or terminated at any administration of this program (which may be NOTE: The interpretation, application, and

program and to request supporting donor documentation it considers necessary. records and documents pertaining to this York reserves the right to audit institutional Security Mutual Life Insurance Company of New

Human Resources If you have any questions, call (607) 723-3551,

선데비트의 매매

All full-time Security Mutual and SAI employees.

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dollar for dollar within the following limits: Gifts must be in the form of cash and will be matched

Minimum: Gift must be at least \$15.00

Maximum: One percent (1%) of base salary (excludes bonus) not to exceed \$2,000 per calendar year

included in the current calendar year. Security Mutual no later than December 15 to be Matching gift applications must be received by

Security Mutual will NOT match payments as follows:

- Tuition payments
- hees for services
- Unpaid pledges
- Bequests
- Dues to alumni or similar groups
- Subscription fees or publications
- Tickets for athletic affairs, cultural events or fund raising dinners
- Contributions to the United Way

date of the gift. Security Mutual must be in receipt of the verified Matching Gift Application within 6 months of the

appropriateness of any matching gift and may change Security Mutual reserves the right to determine the this plan whenever it is deemed appropriate.



Security Mutual ... Your Partner for Life. 5th



SPOLEG

This program is available for use by SML Home Office employees and subsidiaries only. PLEASE NOTE:

MK-4734 Rev. 12/04

INSTRUCTIONS

DONOR

contribution to the organization of your of this form and mail entire form with your Simply fill out the Donor's portion (PART A) choice in accordance with Staff Bulletin No. 89-225.

RECIPIENT

When the gift is received, have a Financial return it to the address indicated. Recipient portion (PART B) of this form and Officer of your organization complete the

a matching contribution, a check will be Company of New York. institution by Security Mutual Life Insurance received and the organization qualifies for forwarded in the Donor's name to the After verification that the gift has been

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located at	Name of Organization	Enclosed is my gift of \$tototototo
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Signature

Date of Gift

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	in order to obtain a contribution under the provisions of the Company's Matching Gift Program.
	organization to verify this gift to Security Mutual Life Insurance Company of New York
Address	I authorize the above named institution or
Name of Ins	

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Name of Donor

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Date of Cift

political commitment. or political purposes, or to fulfill a religious or addition, this gift will not be used for religious organization affiliated with the Donor. to be given to the Donor or any person or monetary or other benefits, fees or services payment in exchange for or in expectation of does not represent in any way tuition or voluntary contribution from the Donor, and Section 501(c)(3) of the Internal Revenue Code. Furthermore, I certify that this gift is a meets the nonprofit criteria established under and certify that this institution/organization