

Matching Gift Program

To be completed by employee and forwarded to the institution with your gift:

Date of Gift :	Amount: \$	Name of Institution:
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Employee's Name:	Employee ID:
Home Address:	Phone:
City, ST, Zip:	Email:

Fund, Association, Association Name, if any, to which this gift it to be applied:
City, ST, Zip:

I Certify that the information submitted is correct and that my gift fully complies the Provisions of the program.

Employee Signature:

Date:

**DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY INSTITUTION and Subsequently forward to: US: Finance Team at usapinvoices@sapient.com
CAD: Finance Team at caapinvoices@sapient.com**

I Certify that the above - indicated gift has been received and that it fully complies with the provisions of the program.
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Legal Name of Institution:	IRS Tax Exempt No.:
Address:	Email:

\$ or Value Amount Received:	Title:	Authorized Officer Name:
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Authorized Signature:	Date:
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Phone:	Fax:	Website:	Gift Date:
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