

Scientific Design Company, Inc. Matching Gifts Program

Procedure:

STEP ONE: Eligible employee should fill out Section One completely and send this form with an original signature to the recip with his or her personal contribution.

Step TWO: Recipient Organization should complete Section Two and mail the original form promptly to:

Human Resources Department Scientific Design Company, Inc. 49 Industrial Avenue Little Ferry, NJ 07643

Step THREE: Scientific Design Company, Inc. will match the contribution within Matching Gifts Program guidelines and mail: recipient organization.

Employee's Last Name Home address: Street/Apt. #/ PO Box	First	
-lome address: Street/Apt #/PO Box		
lome address: Street/Apt #/ PO Box		
one delicos. Castrige in a Cast		
Dity	State	ZIP
Name of Recipient Organization	Date of Gift	Eligibl
certify that I qualify as an employee of Scientific Design Compan	ny, Inc. and that my gift is made within the	ne guidelines of the Matching Gifts Program.
Signature		Date
SECTION TWO (Recipient organization completes this section. F	Please print or type)	
As an authorized officer of		, I certify that the gift described abo (c) or as a public charity under [] Section 501 (c
Name of Authorized Officer	Cite i Togicali.	Title
Business Address		Federal E.I.N.