

Matching Gift	Form				
Part I (to be co	mpleted by dono	or)			
Category of ins	titution (check o	one)			
☐ Culture	☐ Education	☐ Environment			
☐ Health Care	☐ Human Serv	ices			
Full name of recip	ient institution (type	e or print)			
Address of institut	ion				
City			State	Zip/Postal Code	
Employee's Name					
Home address					
City			State	Zip/Postal Code	
Branch location					
Amount of gift (\$5	0 minimum)			Date of gift	
and that this co	ontribution is ful	ly eligible under the g	guideline, doe	anufacturing Matching Gifts Progra is not represent payment of tuition ectly or indirectly for services.	
Signature of dono	r				

Please have the recipient institution complete Part II on the following page. In order to be matched, the completed form must be received within 30 days following the date the gift is made.



Matching Gift Form

Part II (to be completed b	y recipient institution)
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Date received

Telephone Number

I hereby certify that:

- 1. the gift described in Part I has been received from the donor;
- 2. this institution is either:
 - tax-exempt under Section 501(c)(3) and is published in the IRS cumulative List of Organizations described in Section 170 (c) of the Internal Revenue Code of 1954 as amended (if not in published list, I have attached current IRS Determination letter);

OR

- b. qualified to accept charitable gifts as defined in 110.1 (1) (a) of the Income Tax Act of Canada.
- 3. This institution has full-time professional management.

Signature of officer of institution

Tax ID Number / Registration Number

Please send completed form to the address below. In order to be matched, the completed form must be received within 30 days following the date the gift is made.

Simpson Manufacturing Co., Inc. Attn: Tracey Thomas P.O. Box 10789

Pleasanton, CA 94588