





**Matching Gift Form**

Part II (to be completed by recipient institution)

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Amount of gift Date received

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Full name of institution

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Officer's name and title (type or print)

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Telephone Number

I hereby certify that:

1. the gift described in Part I has been received from the donor;
2. this institution is either:
  - a. 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.

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Signature of officer of institution

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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