

The Spelman & Johnson Group
College & University Matching Gift Program

Name: _____ Date : _____

Relationship to employee: _____

Amount of contribution: _____

Name of Institution: _____

Description of Institution: _____

Approved: _____

Declined: _____

Date of approval: _____

Reason declined: _____

Signature of person approving/declining: _____

Amount of matching contribution: _____

Date/number of check: _____