StanleyBlack&Decker

MATCHING GIFTS PROGRAM

Date of Gift	Amount ($10.00 minimum/$10,000 maximum)	Name of Organization you are contributing to

PART A -To be completed by donor. Fill out form and send with gift. Please type or print clearly.

1. Employee ☐ Retiree ☐ Board Director ☐

2. _____
Name of Donor (First) (Middle) (Last)

3. _____
Home Address (Street & No.) (City) (State) (Zip)

4. _____
Product Group where you are employed (if active employee)

5. _____
Employee Number

6. Form of Gift (check one)
☐ Cash / Check / Online

☐ Securities – Date of gift _____ # of shares

Title of Security _____

Certification

I certify that my gift is an unrestricted personal contribution not from gifts or loans of any other person or organization. My gift does not represent in any way payment for tuition, tickets or services, nor is it given because I expect some monetary or other benefit to be given to me.

_____
Donor's Signature

PART B -To be completed by an authorized representative of institution/organization. Please type or print clearly.

_____
Organization Name

_____
Address (Street & No.) (City) (State) (Zip)

I certify receipt of the gift described above on behalf of the above-named donor in the amount of

$_____ on _____ _____
Gift Amount Date Year

and certify that this institution/organization is a nonprofit, and that contributions to it are tax deductible under Section 501(c)(3) of the Internal Revenue Code. Furthermore, I certify that this gift is unrestricted and does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other benefits to be given to the donor or any person or organization named by the donor.

_____ _____ _____
Print Name of Representative Title Phone

_____ _____
Signature of Representative Date

Form 501(c)3
Attached _____

Previously
Provided _____

Recipient Organization –
Send completed form to:

Stanley Black & Decker, Inc.
Matching Gifts Coordinator
1000 Stanley Drive
New Britain, CT 06053