

MATCHING GIFTS PROGRAM

Date of Gift	Amount (\$10.00 mii	nimum/\$10,000 maxim	um) Name of Organi	zation you are contributing to
DADT A Tala			t. Plane to a consist along	ak .
PART A -To be completed by donor. Fill out form and send with gift. Please type or print clearly.				Certification
1. Employee Retiree Board Director 2. (Middle) (Last)				I certify that my gift is an unrestricted personal contribution
2	2			
Home Address (Street & No.) (City) (State) (Zip) 4.				organization. My gift does not represent in any way payment for tuition, tickets or
Stanley Product Group where you are employed (if active employee)				services, nor is it given because I expect some monetary or other
5. Name of Organization you are contributing to				benefit to be given to me.
6. Form of Gift (☐Cash	check one) n/Check			
□Secu	rities – Date of gift	# of shares		
	Title of Security	<u> </u>		Donor's Signature
PART B -To be or print clearly. Organization Na		ed representative of institu	ution/organization. Please t	ype or Form 501(c)3 Attached
				Previously
Address (Street	& No.) (City)	(State) (Zip)	Provided ———
I certify receipt of the gift described above on behalf of the above-named donee in the amount of				of Recipient Organization – Send completed form to:
	\$ c Gift Amount	on Date Year		The Stanley Works Matching Gifts Coordinate
deductible under is unrestricted and	Section 501(c)(3) of the I does not represent in a contary or other benefits	iny way tuition or paymen	Furthermore, I certify that thi	-
Print Name of R	epresentative	Title	Phone	_
Signature of Re	presentative	Date		