

MATCHING GIFTS PROGRAM

Date of Gift	Amount (\$10.00 mini	mount (\$10.00 minimum/\$10,000 maximum)		Name of Organization you are contributing to	
PART A -To be co	ompleted by donor. Fill ou	t form and send with gi	ft. Please	type or print clearly.	Certification
1. Employee Retiree Board Director					
2.					I certify that my gift is an unrestricted
2. Name of Donor (First) (Middle) (Last)					personal contribution not from gifts or loans
3.					of any other person or organization. My gift
Home Address	s (Street & No.)	(City)	(Sta	te) (Zip)	does not represent in
4.					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
5Name of Organization you are contributing to					benefit to be given to me.
6. Form of Gift (☐Cash	/Check				
∐Secu	rities – Date of gift	# of shares			Donor's Signature
	Title of Security _				Donor 3 dignature
PART B -To be concentrated print clearly. Organization Na	ompleted by an authorized	I representative of instit	ution/orgar	nization. Please type or	Form 501(c)3 Attached
					Previously Provided ———
Address (Street	Address (Street & No.) (City) (State) (Zip)				
I certify receipt of the gift described above on behalf of the above-named donee in the amount of					Recipient Organization – Send completed form to:
	\$ on Gift Amount	Date Year			The Stanley Works
					Matching Gifts Coordinate 1000 Stanley Drive
deductible under sis unrestricted and	s institution/organization is Section 501(c)(3) of the Induced does not represent in any onetary or other benefits to or.	ternal Revenue Code. F y way tuition or paymen	Furthermore at in exchar	e, I certify that this gift nge for, or in	New Britain, CT 06053
Drint Name of D	anragantativ:			Dhono	
Print Name of R	epresentative	Title		Phone	
Signature of Rep	presentative	 Date			