

MATCHING GIFT PROGRAM APPLICATION-DONOR'S SECTION

To be completed by State Farm® associate.

Donor instructions

- 1 Fill in this section.
- 2 Verify form is **completed** and **signed**.
- 3 Send form to the school that received your contribution.

Our address:

Matching Gift Program
State Farm Companies Foundation
P.O. Box 8559
Princeton, NJ
08543-8559

Toll-free phone number:
(866) 604-5480

E-mail address:
statefarm@easymatch.com

Web site address:
http://www.easymatch.com/statefarm

Associate ID/Agent Code (ST/No.)	E-mail Address	Phone Number
Last Name, First Name, MI		
Home address		
City	ST/Province	ZIP/Postal Code
Name of school receiving contribution		
School address	City	ST/Province
Specific school/department/function to receive contribution		

□□	/	□□	/	□□□□
----	---	----	---	------

Date of Contribution

\$ □□, □□□□. □□

Amount of Contribution

- U.S. dollars
 Canadian dollars

\$ □□, □□□□. □□

Amount to be Matched

- Cash/Check/Credit Card
 Securities Date Rec'd _____
_____ Shares of
_____ Name of Issuer

Matches for unspecified gifts or gifts to athletic scholarships are given to the school's general academic scholarship fund.

Associates who participate in the Matching Gift Program are subject to all program rules and guidelines, as well as the expectations of honest and ethical behavior outlined in State Farm's Code of Conduct.

The agent, employee, or retiree signature authorizes the recipient school to report this contribution to the State Farm Companies Foundation to apply for a matching grant.

I authorize the institution to report the contribution described above to the State Farm Companies Foundation Matching Gift Program and affirm the contribution has been made as indicated. I acknowledge the Foundation assumes no responsibility for allocation of the matching gift funds. If the contribution is designated toward a life insurance premium, I further acknowledge the Foundation assumes no responsibility for meeting premium payment deadlines.

I certify that my contribution meets all of the qualifications of the program; qualifies as an eligible contribution from me; and will not be used for political, religious, or athletic purposes other than academic scholarships. I further certify that my contribution will not entitle my family or me to goods, services, or benefits of a monetary value and comes completely from my personal assets.

Signature of Donor _____

Date _____

VERIFICATION — SCHOOL'S SECTION

To be completed by an Authorized Officer.

School instructions

- 1 Verify contributor section.
- 2 Complete this section.
- 3 Supply supporting documentation as required.
- 4 Return form to:

Matching Gift Program
State Farm Companies Foundation
P.O. Box 8559
Princeton, NJ
08543-8559
within one year of contribution date.

Matching funds are issued quarterly.

The State Farm Companies Foundation, in its discretion, reserves the right to decide whether a match will be made. The Foundation reserves the right to discontinue or change this program at any time without notice.

Name of Authorized Officer	Title	Phone Number
Name of college/university		
School address	City	ST/Province
Taxpayer ID Number	E-mail address	Web site address
No. of shares		
	Issuer	Date received

\$ □□, □□□□. □□

Amount of Contribution

- U.S. dollars
 Canadian dollars

\$ □□, □□□□. □□

Tax Deductible Amount

If the gift is securities, please submit either a copy of the front and back of the certificate or the confirmation of transfer showing a full description of the security, along with:

The countersignature by the authorized officer of the school confirms receipt of the described contribution.

I certify that the institution is a degree-granting accredited U.S. college, university, or post-graduate institution with tax-exempt status under Section 501(c)(3) or Section 170(c)(1) of the U.S. Internal Revenue Code or Canadian university that is affiliated with the Association of Universities and Colleges of Canada or is the tax-exempt, non-private foundation of an institution described above.

I also certify that this contribution has been made, and not merely pledged, in the amount and form listed above; does not represent tuition in any way; does not provide the contributor or the contributor's family more than an incidental benefit; and appears to be made from the contributor's personal assets or personal account.

I further certify that the amount for which the institution requests a match does not entitle the contributor or contributor's family to any special benefits and is truly charitable.

Signature of Official _____

Date _____