



### Part 1: For Employee Making Donation

_____ Employee Name	_____ Phone Number		
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Organization Name	_____ Phone Number		
_____ Address	_____ City	_____ State	_____ Zip Code
Amount of Donation: _____	Signature: _____		

### Part 2: For Organization Receiving Donation

*As an authorized representative of this organization, I hereby affirm that the donation described in Part 1 above has been received by this organization. In addition, I confirm that this organization is a qualified organization (as defined by the IRS) and is therefore eligible to apply for matching funds from Strategic Financial Services.*

_____ Organization Name			
_____ Address	_____ City	_____ State	_____ Zip code
_____ Name of Authorized Representative			
_____ Signature of Authorized Representative		_____ Date	

Return This Form To: Nancy Meininger  
Strategic Financial Services, Inc.  
114 Business Park Drive  
Utica, NY 13502

**Please mark the envelope "PRIVATE AND CONFIDENTIAL"**