

CONTRIBUTION REGISTRATION FORM

**TRANSATLANTIC HOLDINGS, INC.
MATCHING GIFT PROGRAM**

PERSONAL INFORMATION

Name: _____ Employee ID: _____
Address: _____ Work Location: _____

Telephone Number: _____
Email: _____

CONTRIBUTION INFORMATION

Recipient Charitable Organization:
Name: _____ Tax ID: _____
Address: _____ Contact Person: _____

Date of Contribution: _____
Telephone: _____ Email: _____ Amount of Contribution: _____

FAX: _____ (at least \$25 but not more than \$2,000)

CERTIFICATION

I hereby certify that to the best of my knowledge the above recipient charitable organization is a qualified public charity under Section 501(c)(3) of the Internal Revenue Code and has been approved by the Internal Revenue Service and is not ineligible to receive a matching gift under the terms and conditions of the Transatlantic Holdings, Inc. Matching Gift Program by reason of such recipient charitable organization engaging in religious, athletic, sporting, political or fraternal activities or by reason of such organization being a private foundation, family trust, student fund, Donor-Advised Fund, charitable remainder trust or by reason of such organization violating the non-discrimination policy of Transatlantic Holdings, Inc. and its related companies, or the USA Patriots Act. I further certify to the best of my knowledge that I or my family members will not benefit directly from such contribution and that such contribution was not made in connection with a pledge campaign or drive.

Name _____ Date _____

Company Use:

Received By _____ Date Received _____
Mode Delivered: US Mail In person Email Inter-company mail Other _____