



Matching Gift Plan Transmittal Form

PART ONE Employee should complete Part One and submit original form to eligible donee organization with his or her contribution. Please type or print all information.

Enclosed is a contribution to (name of donee organization):

Donee Organization Address:

The contribution consists of (cash or check): \$ 0.00

Securities of (name of issuer): \$ 0.00

Shares of common/preferred stock at market value today of (per share): \$ 0.00

Bonds or debentures:

# of Units:	Principal amount per Unit:	\$ 0.00	Market value today per Unit:	\$ 0.00	\$ 0.00
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TOTAL

Employee's Name:

Home Address:

Work Phone Number:

Department:

Company Name:

Company Phone Number:

Company Address:

I have read the Matching Gift Plan (Policy #8) and my contribution qualifies for a matching contribution for the current calendar year. I certify that the amount indicated as my contribution is all my own funds and not a collection of funds from people including other employees of the Company.

Employee's Signature:

Date:

PART TWO Eligible organization receiving contribution should complete Part Two and return completed original form to the Company named in Part One to attention of Matching Gifts Administrator.

I certify that this organization:

1) Received a contribution from the individual named in Part One in the amount of \$ _____ on ____ / ____ / ____.

2) Qualifies as a not-for-profit 501 (c) (3) organization under the rules of the Internal Revenue Service.

(Your organization's IRS 501 (c) (3) determination letter must be attached to this form.)

Name of Organization:

(Please completely spell the legal name of your organization; do not use acronyms.)

Address:

City:

State:

Zip Code:

Print Your Name:

Title:

Signature:

Direct Phone Number:

Organization Phone Number:

Web Site:

PART THREE Upon receiving the completed original form, the Company's Matching Gifts Administrator will process the form for payment of matching funds. Part Three is for Company use only.

Appropriate Signatures:

Date:

Date: