



Application for Matching Gifts

A. To be completed by donor/forward to organization for validation

Date _____

Enclosed is my personal gift of \$_____ (must be minimum of \$50) In accordance with the requirements of the Unum Matching Gift Program, I submit this application for a matching gift to:

Name of organization receiving gift** _____

Purpose _____

Applicant's full name _____

Home address _____

City _____ State _____ Zip _____

Department or office location _____

Office address _____

Applicant's date of employment _____

B. To be completed by appropriate office of qualifying institution (*Please refer to guidelines for qualifying organizations*):

I certify that the gift described in Part A above in the amount of \$_____ has been received by the institution on (date)_____ from (name of donor)- _____ . By signing below, I certify that this gift is being made in accordance with the requirements of the Unum Matching Gift Program.

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Tax ID# (in Canada, Charitable Registration #) _____

School Code (if applicable) _____

Name of Officer _____ Title _____

Signature _____ Date _____

A copy of your IRS 501(c)(3) tax-exempt determination letter must be attached with this application. (U.S. Only)

Return this form to:

Unum Matching Gifts Program
Attention: Jessica Davis
PO Box 1365 - SC344
Columbia, SC 29202