## WESTWOOD CASH MATCHING GIFT PROGRAM

## Part A: Completed by Employee

1. Complete Part A and mail with y	your contribution to the organ	ization.
Organization Receiving Gift:		
Secular Community Service Program Decif applicable – Required if gift is through		
Address:		
Type of Organization:		
Amount of gift (min \$25):		
Date of gift:		
Made by:		
I certify this gift meets with all the specific Employee Name (Printed):  Signature:		
<ol> <li>Part B: Completed by Recipient Institut</li> <li>Verify donor section. Fill out Pa</li> <li>Mail this form along with proof</li> <li>Westwood Holdings Group, In</li> </ol>	art B Completely. of donation to:	
Matching Gift Program 200 Crescent Court Suite 1200 Dallas, Texas 75201		
not match gifts to religious organizations	unless the gifts are designated	y 501(c)(3) public charity status. Westwood do d to an ongoing secular community services gifts are limited exclusively to their members.
	A copy of your Section 501(c)	y (not a private foundation) by the IRS under (3) letter or Section 170(c)(1) letter dated with event processing.
Donor:	Amount:	Date Received:
Organization:		Tax ID:
Address:		Phone:
City/State/ZIP:		
Signature of Officer (not a stamp):		
Print or type Full Name and Title of Office	cer:	