

**Part A** (to be completed by PJM employee or board member)

Please complete all sections of Part A (type or print) and send this entire brochure to the eligible institution or organization of your choice.

<b>Employee Name:</b>		<b>Department:</b>
<b>Complete Name of Charitable/Education Institution or Organization:</b>		
Address:		
City/state/zip:		
<b>Date of Gift:</b>	<b>Amount:</b>	
	Name of security:	
	Number of Shares:	

I certify that the information submitted is correct and represents my personal gift under the provisions of the program.

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*Employee or Board Member Signature*

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**Part B** (to be completed by institution or organization)

Date Received:
Amount Received:
Name of Organization/Institution:
Address:
City/State/Zip:
Phone:
Tax-Exempt #

As an authorized officer of this institution, I certify that this institution is qualified under section 501©3 of the Internal Revenue Code and meets the eligibility requirements of the Matching Gift Program as described in this brochure. No goods or services were provided for this gift.

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*Signature of Certifying Officer*

**Please mail this form to:**

**Human Resources Department  
Attn: Mary Beth Cartacki  
PJM Interconnection  
955 Jefferson Ave. VFCC  
Norristown, PA 19403-2497**