



Matching Gift Program Request form

Please complete the following form, attach the gift/tax receipt from your 501(c)(3) organization, and return both to Sentry Insurance Foundation. Sentry Insurance Foundation, Inc. Matching Gift payments are disbursed semi-annually in July and December.

Name: _____

Associate number: _____ Retiree number: _____ Current/former board member

Home address: _____

Phone: _____

I believe my personal gift of \$ _____ * is eligible for a matching gift from Sentry Insurance Foundation.

Signature: _____

*If your total donations for the year exceed \$7,500, please indicate how the \$7,500 maximum matching funds will be allocated among the organizations you are supporting.