

## MATCHING GIFTS PROGRAM

**1. Donor – Please complete this section. It will be returned to you by AB Mauri. when your gift has been matched.**

Date of Gift	Amount (\$25 minimum/\$250 maximum)	Name of Organization to which you are contributing
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Please print clearly or affix mailing label

Donor's name		
Home Address		
City	State	Zip Code

DONORS AND RECIPIENTS READ REVERSE SIDE BEFORE SIGNING

**2. To be completed by donor and sent with gift to charitable organization (Please type or print clearly)**

Name of Donor (First)	(Middle)	(Last)
Home Address (Street & No.)	(City)	(State) (Zip)
Name of Organization to which you are contributing		
Exact date of Gift	Form of Gift (Cash/Volunteer Hours)	\$ Amount of Gift
"Dough for Deeds" gift (Y/N)      Date 30 volunteer hours were completed		

**Certification**

I certify that my gift is an unrestricted personal contribution not from gifts or loans of any other person or organization. My gift does not represent in any way payment for tuition, tickets or services, nor is it given because I expect some monetary or other benefit to be given to me.

\_\_\_\_\_  
 Donor's Signature

**3. To be completed by an authorized representative of institution/organization (Please type or print clearly)**

Organization Name			
Address (Street & No.)		(City)	(State) (Zip)
Code			
I certify receipt of the gift described above on behalf of the above-named donee in the amount of:			
\$	on		
Gift Amount	Date	Year	

And certify that this institution/organization is a nonprofit, and that contributions to it are tax deductible under Section 501(c)(3) of the Internal Revenue Code or if, in Canada, the organization must be recognized as a charitable organization registered with the Canada Customs and Revenue Agency ("CCRA"). Furthermore, I certify that this gift is unrestricted and does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other benefits to be given to the donor or any person or organization named by the donor.

Print Name of Authorized Representative	Title	Phone Number
Signature of Authorized Representative	Date	

*Recipient Organization - Please Send completed form along with copy of Form 501(c)(3) of the Internal Revenue Code and a signed copy of your W-9, or if in Canada, the organization must be recognized as a charitable organization registered with the Canada Customs and Revenue Agency ("CCRA") to:*

*[HR.abmauri@abmauri.com](mailto:HR.abmauri@abmauri.com)*

*or*  
**Matching Gifts Program**  
**AB Mauri Human Resources**  
**4240 Duncan Avenue, Suite 150**  
**St. Louis, MO 63110**