

MATCHING GIFT PROGRAM



FORM

PART A - DONOR INFORMATION

To be completed by the donor.

Name and address of donor:

Gift amount (\$50 min.):

Date of gift:

Full name of organization receiving the gift:

I hereby certify that the above entries are true and accurate.

Signature of donor

PART B - ORGANIZATION CERTIFICATION

To be completed by an authorized officer of the recipient organization.

Please check Part "A" for obvious omissions or errors and return the form to the contributor for correction if necessary. For your records, a copy of this form will be returned with the matched donation.

I hereby certify that on _____, the gift listed on Part "A" of this form was received (not a pledge but an actual gift) from _____. I also certify that the below mentioned organization is registered with the IRS as a 501(c)(3) public charity or otherwise meets the IRS standard to receive tax deductible contributions as a public charity. Further, the full amount of the above gift will be used exclusively for the benefit of the organization.

Name of organization

Employer Identification Number

Address of organization

Print full name of authorized officer

Title

Signature of authorized officer

Date

Please return by mail or email to:

**Gilbane Family Foundation
Attn: Everett Gabriel
7 Jackson Walkway
Providence, Rhode Island 02903
GFFMatching@gilbaneco.com**

For Foundation Use Only

Approved
Amount

Control no.

Donor name

Approval signature