

Part 1: Employee Section

Employee Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Location: Bedford Orangeburg Field San Diego

Name of Charity or Institution Receiving Contribution: _____

Type of Charity or Institution (i.e. school, healthcare, community organization): _____

Amount of gift: \$ _____ Cash Check Charge

Date of contribution: _____

I authorize the charity listed above to report this gift to Werfen to qualify for a matching gift contribution.

Signature: _____ Date: _____

Part 2: Certification by Charity or Institution (Completed by recipient organization)

Name of Recipient Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Amount of Match: \$ _____

I confirm that the above gift (from Part 1) was received and that this organization is classified as a public charity under section 501 (c) (3) of the Internal Revenue Code, and that neither the donor nor Werfen will derive any personal benefit from this gift or match.

YOU MUST INCLUDE A COPY OF YOUR 501 (C) (3) TAX STATUS CERTIFICATE

The above referenced organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. I am authorized to attest to the above statement and have sufficient knowledge to do so.

Authorized Officer's Name and Title (Please Print)

Signature of Authorized Officer

Date

PLEASE RETURN TO:

Werfen

Matching Gifts Program

180 Hartwell Road

or email: CharitableContributions@werfen.com