



**AEGIS Foundation Inc.
Matching Gift Program**

A. Donor:

Please complete Part A and send entire form with your gift to the recipient institution/organization.
(Please print or type)

Date _____

I enclose my personal gift of \$ _____ or _____ shares of _____
valued at \$ _____ a share for a total of \$ _____ to:

Name of Institution or Organization _____
Employee Name _____
Home Address _____
City, State & Zip Code _____
Date of Employment _____

I certify that all the information given above is correct and that my gift fully complies with all the provisions of the [Matching Gift Program](#).

Employee Signature _____

B. Recipient Institution/Organization:

Please complete Part B and return entire form via e-mail to gabriellaangione@aegisltd.com, or mail to:

Administrator
Matching Gift Program
AEGIS Insurance Services, Inc.
1 Meadowlands Plaza
East Rutherford, NJ 07073

(Please print or type)

Name of Institution or Organization _____
Address _____
City, State & Zip Code _____
We acknowledge receipt of gift of \$ _____
From _____

I certify that the institution/organization meets the criteria established under Section 501(c)(3) of the Internal Revenue Code. No goods or services were provided to the AEGIS Foundation or AEGIS Insurance Services, Inc. in exchange for this donation.

Signature _____
Name (please print) _____
Title _____

For AEGIS Foundation use only

Date received by AEGIS Foundation _____