MATCHING GIFTS REQUEST

To Be Completed By Employee/Director

Employee/Director Name:			
Division/Department/Store:			
City:			
Telephone:			
Organization to receive gift:			
First, second, third or fourth gif			
Employee Signature:			
Corporate Relations approval &			
 Please fill out and send this form along v Employees may match up to four donation total of \$1,000 each fiscal year. The eligible organization will complete a Acknowledgements will be sent to the empletements. For more information, please contact Claire 	ns made to an accredited 501(c)(3) n and send the card to Genesco to pro byee as quarterly matching gifts are pro-	on-profit for a combined cess the matching gift. cocessed.	GENESCO
Requests are subject to approval by Genesco I	nc. Approval may be withheld in Gene	esco's sole discretion.	
10	Be Completed By Non-P	rofit Agency	
Genesco is proud to partner with and support to the non-profit co information below. Please call Cl	mmunity. Please read the	se instructions caref	fully and return the
I certify that this contribution has income tax exemption under 501	s been received and that th (c)(3) of the Internal Revent	is organization has d ue Code.	qualified for federal
Authorized Signature:	Date:		
Name:	Title:		
	Telephone:		
Address to send remittance:			
Send completed form with authorized sign 501(c)(3) status to: Claire McCall, Genesco Nashville, Tennessee 37202-0731. Requests are subject to approval by Genesco In	Corporate Relations, P.O. Box 7	31, Suite 490,	GENESCO