

To Whom It May Concern:

Please complete Part 2 of this form to verify the employee gift detailed in Part 1 of this form. An authorized signer must certify the form by printing their name and title where indicated and signing the form. Additionally, please enclose a copy of your Organization's IRS 501(c)(3) determination letter.

**Return completed form to:**

Leonardo DRS Matching Gift Program  
c/o Public Affairs Support Services  
1950 Roland Clarke Place, Suite 300  
Reston, VA 20191

**Or, send completed form via email to:**

SLandon@pass1.com

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### Matching Gift Confirmation

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**Part 1 – Employee Donation Information**

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee City, State, Zip: \_\_\_\_\_

Exact Date of Gift: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_

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**Part 2 – Recipient Organization Confirmation**

Recipient Organization EIN: \_\_\_\_\_

Recipient Organization Name: \_\_\_\_\_

Recipient Organization Program Name: \_\_\_\_\_

Recipient Organization Address: \_\_\_\_\_

Recipient Organization City, State, Zip: \_\_\_\_\_

Recipient Organization Phone/Fax: \_\_\_\_\_

Recipient Organization Contact email: \_\_\_\_\_

Recipient Organization Authorized Officer Name: \_\_\_\_\_

Recipient Organization Authorized Officer Title: \_\_\_\_\_

Date Donor Gift Received: \_\_\_\_\_

Amount of Donor Gift: \_\_\_\_\_

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**Leonardo DRS**

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[www.leonardodrs.com](http://www.leonardodrs.com)



**I hereby certify that:**

- The monetary contribution has been received from the employee named in Part 1 of this form and that this organization/program is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
- This organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. In addition, by signing this matching gift form, I agree that this organization will not promote or engage in violence, terrorism, bigotry, or the destruction of any state, nor will it make sub-grants to any entity that engages in these activities.
- I am authorized to attest to the above statements and have sufficient knowledge to do so.

Authorized Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Signature of Authorized Officer is required and incomplete forms will delay processing or result in rejection of this match request.