

Application and Instructions

Please type or print below.

- Requesting employee Complete Section I of this form. Then, *mail or email the form along with your gift to the non-profit organization.*
- Non-profit organization Please verify receipt of this gift by completing Section II of the form, and *mail or email the form back to the requesting employee.*
- Requesting employee Submit the completed form and your receipt to Radian's Accounting team (Philadelphia), attention Tina Goldstein.

Section I Requesting Employee

Name/Department

Last First Department

Contact

Employee Address Area code Phone number Extension

Organization

Name

Contact name/title

Last First Title

Telephone

Area code Phone number

Mission

Summary of organization's mission

Contribution

A. Amount \$ C. Date of gift

B. Amount to be matched \$ D. Type of gift Cash Check Credit card

Employee Confirmation

I hereby certify that the information I have provided is complete and correct, and that my gift complies with the guidelines of Radian's Matching Gifts Program. I have attached a receipt (canceled check, credit card receipt, confirmation email or letter) certifying my contribution.

Employee Signature Date

Section II Non-profit organization (see instructions above)

Name

Street address

Street

City, state and zip

City State Zip code

Telephone/fax numbers

Area code Phone number Fax number

Tax-deductible gift

\$ Date received:

amount

I certify that the gift described on this form has been received on the date noted above, that it represents the gift of one person only, and that it will be used to support the primary objectives of this organization. Furthermore, I certify that this organization is recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the IRS code or as an instrumentality of a federal, state or local government as provided by Section (c)(1) of the Code.

Signatures

Authorized Signature

Printed name

Title Date