

Corban College & Graduate School Matching Gifts Program

PART A, PAGE 2

To be completed by the donor

I hereby certify that the entries are true and accurate, that this gift meets all of the conditions described in the corporate program, including the stipulation that neither I, my family, nor any other individual designated by me has received or will accept a benefit as a result of this gift (other than the incidental benefit of recognition for the gift). I also certify that the gift described is my personal contribution and was made from my personal funds.

Donor signature

Date

Corban College & Graduate School Matching Gifts Program

PART B

To be completed by an authorized financial officer of the school

Please print clearly or type. Send completed form (Parts A and B) to:

ORGANIZATION NAME

Department

Mailing address

City, State, Zip Code

Name of financial officer

Title of officer

Name of school

Street address

City, State, Zip Code

Phone number

Tax I.D. number

As an authorized officer of this institution, I hereby affirm that the gift described in Part A of this form has been received by this organization, which is either a state college or university or is recognized by the Internal Revenue Service as exempt under Section 501(c)3, is not classified as a private foundation under Section 509(a) and is eligible for income tax-deductible contributions under Section 170(a), and that this institution is qualified to apply for matching funds under the guidelines of the organization's Matching Gift Program for education.

Financial officer signature

Date

NOTE: If your institution has not previously received a matching gift from this corporation and is not a state college or university, please attach a copy of your federal IRS ruling of eligibility as a Section 501(c)3 organization that is not classified as a private foundation under Section 509(a). Thank you.