Matching Gift Form for: h² Empower Inc.

Part A – TO BE COMPLETED BY DONOR
The Company will match contribution of up to \$1,000
A 1:1 basis with a limit of per calendar year
Please check one: Employee Member of the Board
Name
Home Address
City/State/Zip Code
Company Name/Division
Work Location (city)
Daytime Phone ()
Individual Gift Group Gift: Made in honor of a person Minimum Contribution: \$50 Employee minimum contribution: \$25 Please specify the \$ amount to be given in support of Matched \$ participating in (Event Name)
Exact Date of Gift AMOUNT OF GIFT
Made by:CashCredit Card
Organization Receiving Gift: <u>h² Empower Inc.</u> Address: <u>334 Malcolm X Blvd. Brooklyn, New York 11233</u>
I certify that this gift meets with all the specifications as described in the company information as it relates to matching gifts. I am currently an eligible employee of or a member of the Board of Directors.
Signature of donor

Date_____

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Part B TO BE COMPLETED BY RECIPIENT INSTITUTION

1. Verify donor section. Fill out Part B Completely.

2. Mail this form along with a photocopy of the check or proof of credit card donation to: h^2 Empower Inc.

334 Malcolm X Blvd. Brooklyn, New York 11233

I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) (3) or Section 170 (c) (1). A copy of your Section 501 (c) (3) letter or Section 170 (c) (1) letter dated with the current year must be included. Failure to include this letter may prevent processing.

Donor	Amount		
Date Received			
Organization		_	
Tax ID			
Address		Phone ()
City/State/ZIP			
Signature of Officer (not a stamp)			

Print or type Full Name and Title of Officer