

Part A – Employee Section	Part B – Recipient Section
Employee ID number:	Official name of organization receiving this gift:
Employee name:	Address of organization:
Work telephone number:	City/State/Zip:
Email address:	Phone Number:
Date of gift:	Tax ID number:
Amount of gift (between \$25 and \$250):	Office phone number:
Type of gift (check one) <input type="checkbox"/> Check or <input type="checkbox"/> Credit Card	Signature of certifying officer:
Name of organization receiving gift:	Name of certifying officer:
Organization's Address:	Title:
I certify that my gift is a voluntary contribution, paid by check or credit card, and not merely pledged. I verify that these are my own resources and this is a single gift, not an aggregation of contributions. I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution and it does not represent, in any way, a fee for a service or benefit. I have read and understand the guidelines of the ConnectiCare Matching Gift Program and I certify that my gift fully complies with its provisions.	Categories of the organization: (check the most appropriate one) <input type="checkbox"/> Health/Human Services <input type="checkbox"/> Arts/Culture <input type="checkbox"/> Civic/Community <input type="checkbox"/> Other (specify)
Employee Signature:	Amount of gift received:
Date:	Date gift received:

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