



# Matching Gift Program Application

**Instructions:** The Employee completes Section A and forwards the form to the recipient organization with the contribution /or copy of online confirmation. The recipient organization completes Section B and returns form along with 501 (c)(3) qualification to General Reinsurance Corp, Human Resources Division, 120 Long Ridge Road, Stamford, CT 06902.

## A

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

Location: \_\_\_\_\_

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

The gift is to be used for: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

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

## B

Please check the category which applies to your organization and attach proof of 501(c)(3) qualification.

- Community   
  Cultural   
  Educational   
  Environmental   
  Health

\_\_\_\_\_

Federal Tax ID # \*\*

\_\_\_\_\_

Amount Received

Did the donor receive any goods or services in connection with the contribution? \_\_\_\_\_

If yes, please describe and state value: \_\_\_\_\_

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number\*\*

I certify that the above-indicated gift has been received on the date indicated above\* and that this organization qualifies under Section 501(c)(3) of the Internal Revenue code and, if applicable, is accredited. I further certify that no goods or services will be provided in exchange for General Re's Contribution.

\_\_\_\_\_  
Name and Title of Authorized Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Gift must actually be received, not just pledged. A gift is eligible for matching for six (6) months after the contribution date.  
\*\* To process this gift, the Federal Tax ID#, telephone # and proof of 501 (c)(3) status must be included.