



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.