

**Sun Capital Partners
Foundation, Inc.**
MATCHING GIFTS PROGRAM

Special Note: Before completing this form, please review the instructions guidelines and gift limitations for Matching Gifts program. The Sun Capital Partners Foundation, Inc. reserves the right to modify or discontinue this program at any time. The interpretation, application and administration of the provisions of the program shall be determined solely by the Foundation, and its decisions shall be final.

SECTION A: (To be completed by DONOR)

Donor Name _____

Home Address (Number & Street) _____

City _____ State _____ Zip Code _____

Business Phone _____ E-Mail Address _____

Date of Gift / / Amount of Gift \$ _____ Amount to be Matched \$ _____

Title of Security (in lieu of cash) _____ Number of shares _____

Name of Recipient Organization: _____

Commemoration: _____

I certify that the information submitted is correct. My gift fully complies with the provisions of the program and is not being used for personal gain or in payment of any liability I may have to this organization or its affiliates.

Donor Signature _____ Date _____

SECTION B: (To be completed by ORGANIZATION)

Name of Organization _____ Federal Tax # (EIN#) _____

Address (Number & Street) _____

City _____ State _____ Zip Code _____

Tel. No. _____ Fax No. _____

E-Mail Address _____

Health Care Organization Cultural Organization Educational Organization Religious Organization Civic Organization

Description of Organization's purpose and activities (Organization may attach additional information to this form):

Description of specific purpose, if any, for which contribution will be used by Organization:

Date of Gift / / Amount of Gift Received \$ _____ Tax -deductible Amount \$ _____

I certify that the above-indicated gift has been received, that it will be used to support the primary objectives of the organization, that the organization is eligible according to the attached Guidelines and that the gift otherwise fully complies with the provisions of the program. I assert that this gift will not be used to pay any fees or in lieu of tuition or any personal obligation of the donor and that neither the donor nor Sun Capital Partners Foundation, Inc. will derive any personal material benefit from this gift or the matching gift. I further assert that neither this organization nor its affiliates are in any way involved in terrorist financing, money laundering, or any other type of illegal activity.

Name and Title of Authorized Person (please print or type) _____

Signature of Authorized Person _____

Organization: After this form has been completed and signed by donor organization, the organization must forward the Form within 12 months of the date of the gift to: Sun Capital Partners Foundation, Inc., Attn: Matching Program Administrator, 5200 Town Center Circle, Suite 600, Boca Raton, FL 33486

Sun Capital Partners Foundation, Inc. Matching Gift Program Administrator:

Match Granted Date: _____

Match Denied