



DONOR

RECIPIENT

Name: _____

Job Title: _____

Work Location: _____

Amount of Gift: \$ _____

Date of Gift: ____/____/20____

Name of Entity to which gift is made:

I certify that the above gift is made from my own funds (of the funds of an eligible charitable trust, foundation, etc.) and that the gift is made with the understanding that I will receive nothing of value for this gift.

Signature: _____

Date: ____/____/20____

Email completed form to: matchinggifts@vcm.com

Please be advised that all forms must be received by no later than 12/10 to be processed in the current calendar year.

Donor's Name: _____

Amount of Gift \$: _____

Date of Gift: ____/____/20____

This is to certify that *(name of recipient entity)*:

Recipient's Tax ID #: _____

Address: _____

City: _____

State: _____ Zip: _____

has received the above gift, that it is not restricted to the athletic department or an athletic scholarship fund, that it is not in payment of tuition, subscription fees or subscription fees for publications, books, memberships, dues to alumni or other groups, unpaid pledges, bequests; and that the matching gift will not be used for any such payment.

Name of certifying official *(please print)*:

Title: _____

Phone: _____

Signature: _____

Date: ____/____/20____

RECEIPT – Name and Address to be filled in by Donor. This section will be returned to you for your records. Please be sure your address is contained in the area indicated.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Amount of Gift \$ _____ Date of Gift ____/____/20____

Recipient Entity: _____

An unrestricted gift has been mailed to the above entity in recognition of your gift. Victory Capital is pleased to match your gift and we hope our program will encourage increased individual giving.