

# The Prudential Foundation Matching Gifts Program



Complete this portion for **direct giving** by check

**New, On-Line Giving!** Submit your request electronically at [www.easymatch.com/Prudential](http://www.easymatch.com/Prudential)

(For donations by credit card, securities or life insurance, please complete your request for Matching on-line at [www.easymatch.com/prudential](http://www.easymatch.com/prudential))

## Section I: To be completed by the donor (Please print.)

**Donor Instructions:** Complete Section I of this form – one for each gift. *Please print or type.* Send the form and a copy of the program guidelines with your contribution to the recipient organization.

### Donor

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

Employee ID\* or Retiree ID\*\*:

\*This ID number is found on each salary or pension payment stub

\*\*Retirees use first two letters of last name, birth month and day (MMDD), and last four digits in Social Security #.

Check One:  Employee  Retiree  Board Director  Retired Board Director

Home Address \_\_\_\_\_

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

Home Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Work Address \_\_\_\_\_

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

Work Telephone No. \_\_\_\_\_

### Recipient Organization

Official Name Legacy Of A Hero The L/Cpl Chris Cosgrove III Foundation, Inc.

Address 12 Cypress Drive

City, State, Zip Cedar Knolls, NJ 07927-1558

### Your Gift

Gift Purpose (if any) \_\_\_\_\_

Exact Date of Gift \_\_\_\_\_

Tax-Deductible Gift Amount (min \$25): \$ \_\_\_\_\_

Gift Amount To Be Matched (min \$25) \$ \_\_\_\_\_

\*The Prudential Foundation will match up to \$5,000 per eligible individual, per calendar year, for all methods of giving combined.

### Donor Verification (Signature Required)

This gift (and its stated value), which is made from my personal funds or property, fully qualifies as a charitable donation for personal income tax purposes, and is for the use of the above-named organization(s). I understand The Prudential Foundation's matching gift is for the unrestricted use of the organization and not for any specific purpose designated by me, including the cancellation of any personal obligation. I verify that, in return for this gift, nor I or a member of my family have not received or will not receive any payment, product, service or anything else of value whatsoever. By signing this form, I am certifying that the gift meets all of the requirements listed in the Guidelines. I understand that the maximum amount that will be matched is \$5,000 per individual, per calendar year, for all methods of giving combined.

Signature of Donor \_\_\_\_\_

Date \_\_\_\_\_

## Section II To be completed by the recipient organization (Please print.)

**Recipient Organization:** Verify receipt of gift. Complete Section 2 of this form. *Please print or type.* If this is your first matching gift request to the Prudential Foundation Matching Gifts Program, please enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose. Forward form to the address printed below.

Employer Identification Number (EIN) 26-0316723

Fax No. \_\_\_\_\_

Organization Name Legacy Of A Hero The L/Cpl Chris Cosgrove III Foundation, Inc.

E-mail lcplcbcll@legacyofahero.org

Address 12 Cypress Drive

Website Addresses (if any) www.legacyofahero.org

Exact Date of Gift \_\_\_\_\_

City, State, Zip Cedar Knolls, NJ 07927-1558

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

Telephone No. 973-734-1689

Tax Deductible Gift Amount Received: \$ \_\_\_\_\_

I certify that the above-indicated gift has been received, and it will be used to support the primary objectives of the organization, which is classified as a tax-exempt organization under section 501(c)(3) of the U.S. Internal Revenue Code, or is a governmental entity or agency, and: (a) this organization's mission and operations are broad and non-discriminatory or its activities address social needs or benefit underserved groups and communities; (b) this is an eligible organization; (c) the gift meets all of the requirements listed in the Guidelines; (d) The Prudential Foundation received no goods, services or other quid pro as defined in the relevant IRS rules and regulations. Proof of tax-exempt status is enclosed if this is the initial request to The Prudential Foundation Matching Gifts Program.

Name Charlene A. Bowie

Title President

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**  
Prudential Matching Gifts Program  
P.O. Box 7184  
Princeton, NJ 08543-7184  
Tel: 1-800-554-7846