

**MATCHING GIFT CONFIRMATION**

To be completed by Puget Sound Energy employee, board member or retiree requesting the gift.

|  |  |
| --- | --- |
| **Name of Recipient Organization** |       |
| **$ Amount of Gift** | $      |
| **Number of Hours Worked** |       |

I attest that the source of funds for this gift is my personal assets, that I made this gift on my own behalf, that the requested matching funds will not be used to fulfill a pledge, that neither I nor any member of my family have received any benefit in return, and that all information provided on this form is accurate.

Printed Name of Contributor Signature of Contributor

To be completed by the CEO, Development Officer, Treasurer or other authorized staff member of the recipient organization.

|  |  |
| --- | --- |
| **Legal/Tax Name of Organization** |       |
| **Employer Identification Number (00-0000000)** |       |
| **Address** |       |
| **Contact Person** |       |
| **$ Amount of Gift** | $      |
| **Date Received** |       |
| **# of Hours Worked** |       |
| **Date(s) Worked** |       |

I hereby verify receipt of the contribution described herein, and I certify that the donation represents a charitable contribution and that the donor derives no personal benefit (e.g. tuition, dues, tickets) as a result of the gift. I also certify that all information provided on this form and otherwise in connection with this application is accurate.

Printed Name Signature

Title