



Citigroup Matching Gifts Program Application

INSTRUCTIONS

Donor:

- ◆ Complete Section A of this form – one for each gift. *Please print or type.*
- ◆ Send the form and a copy of the program requirements with your contribution to the recipient organization.

Recipient Organization:

- ◆ Verify receipt of gift.
- ◆ Complete Section B of this form. *Please print or type.*
- ◆ If this is your first matching gifts request to Citigroup, enclose a copy of your Internal Revenue Service 501(c)(3) tax status certificate.
- ◆ Forward form to the address printed below.

SECTION A - DONOR SECTION (Please print or type)

Donor Information:

GEID NUMBER

EMPLOYEE NAME

E-MAIL ADDRESS

HOME ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE, INCLUDING AREA CODE

CITIGROUP SUBSIDIARY (I.E. CITIBANK, SMITH BARNEY, ETC.)

\$ _____ \$ _____
AMOUNT OF GIFT (MIN \$50) **AMOUNT OF MATCH REQUESTED (MIN \$50)**

DATE OF GIFT

For Securities Only:	
SECURITY NAME/SYMBOL	NUMBER OF SHARES

NAME OF INSTITUTION

INSTITUTION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

I certify that neither I nor my family will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I have read and understood the requirements of the Citigroup Matching Gifts Program.

EMPLOYEE SIGNATURE _____ DATE _____

SECTION B - RECIPIENT SECTION (Please print or type)

Recipient Information:

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE FAX, INCLUDING AREA CODE

E-MAIL ADDRESS

WEBSITE ADDRESS

\$ _____ \$ _____
AMOUNT OF GIFT **TAX DEDUCTIBLE GIFT AMOUNT**

I hereby certify that this organization/program meets the eligibility requirements of the Citigroup Matching Gifts Program, and that neither the donor nor Citigroup will derive any personal material benefit from this gift or match.

The above reference organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. I am authorized to attest to the above statement and have sufficient knowledge to do so.

AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER _____ DATE _____

Mail completed form and information to:
 Citigroup Matching Gifts Program Administrative Office
 P.O. Box 7397
 Princeton, NJ 08543-7397

Phone: 1-866/545-9207 (8am to 6pm EST)
 Fax: 1-609/799-8019
 E-mail: citi@easymatch.com
 Website: <http://www.easymatch.com/citi>