

PART 1

To be completed in its entirety by FirstEnergy employee.
Mail this form with your gift directly to the organization.



Enclosed is my gift to:

Organization's name _____

Address _____

City _____

State _____ ZIP _____

Date of gift _____

Amount of gift \$ _____

Gift designation _____

Name of local chapter if national organization _____

Are you a graduate of this institution? Yes No N/A

I certify that my gift is a voluntary contribution, made from my own resources, and not pooled or combined with the cash or securities of any other person or organization. I further certify that the information submitted is correct. I authorize the recipient college, university, or organization named on this form to report this gift to the FirstEnergy Foundation in order to receive a contribution under the Company's Matching Gifts Program. I have read, understand, and agree to the terms and conditions of the Matching Gifts Program.

Type of gift:

Cash Check Credit Card

Amount to be matched \$ _____

Employee's name _____

SAP No. _____ Title _____

Work address _____

City _____

State _____ ZIP _____

Company mail stop _____

Phone _____

Email address _____

Employee's signature _____

PART 2

To be completed by recipient organization.



I certify that this contribution in the amount of \$ _____ was received by this organization from:

Name of donor _____

Date gift received _____

Designation of gift (as identified by donor) _____

Total amount of gift \$ _____

Tax deductible amount _____

I further certify that this organization is recognized by the U.S. Internal Revenue Service Code Section 501(c)(3) as one to which contributions are deductible by the donor for federal income tax purposes and which is not a public charity under Code Section 509(a)(3).

Also, I understand that this gift and the matching gift will not constitute payment for tuition, books, alumni dues, athletics, church subsidies for private schools, or other similar items at this institution or organization, nor is it for the benefit of any specific individual.

Application Deadline:

Organizations must submit the form by **December 1** for the donation to count towards the employee's current calendar year total.

Name of this 501(c)(3) organization _____

Street address _____

City _____

State _____ ZIP _____

Email address _____

Phone _____

Print name and title of authorized official:

Signature _____

Date _____

To receive the matching contribution from the FirstEnergy Foundation, please send this completed form to: **Matching Gifts Program FirstEnergy Foundation 76 South Main Street Akron OH 44308-1890**