



HOLLINGSWORTH & VOSE COMPANY

Attn: Corporate Human Resources
112 Washington Street
East Walpole, MA 02032

Application for Matching Gift

PART 1 *(to be completed by the Contributor)*

Enclosed is my personal gift of \$ _____

to: _____
(Name of Academic Institution)

I am eligible to participate in the Matching Gift Program and authorize the above named institution to report this gift to Hollingsworth & Vose Company to qualify for a matching contribution.

Name _____

Address _____

Date _____ Signature _____

PART 2 *(to be completed by the Institution)*

As an authorized officer of this institution, I certify that the gift described above was received and that this institution meets the eligibility requirements of the Hollingsworth & Vose Company Matching Gifts Program described on the bottom of this application.

Institution _____

Address _____

Date _____ Signature _____

Institution Eligibility Requirements

Any grade school (elementary through high school), junior college, university or graduate school will qualify as a recipient. Qualified institutions, as defined above, must be located within the United States or its' possession and to be a non-profit organization. which has an IRS ruling stating that contributions to it are deductible for federal income tax purposes.

Please return entire form to:
Hollingsworth & Vose Company, Corporate Human Resources
112 Washington Street, East Walpole, MA 02032