



Sentry Insurance Foundation, Inc.

MATCHING GIFT PROGRAM

The Sentry Insurance Foundation, Inc. Matching Gift Program is an opportunity for you to increase your donations to eligible schools, public broadcasting stations and disaster relief organizations. The Sentry Insurance Foundation will match your donations up to \$7,500 per year.

Eligible organizations

- Accredited college or university
- Primary, secondary and technical schools; the donation must be in support of education through either a 501(c)(3) foundation established by a state licensed or nationally accredited school, a school district, or a 501(c)(3) school that has a letter on file with the Sentry Insurance Foundation, Inc. verifying that funds will be used solely for educational purposes
- Public television or public radio stations that are members of NPR or PBS, or are licensed by an accredited college or university
- Disaster relief organizations: American Red Cross, Operation Bootstrap, Salvation Army

Eligible donations

- Your gifts of \$25 to \$7,500 are matched on a dollar-per-dollar basis. Pledges for future gifts are not eligible. Gifts for which a service or benefit has been rendered (e.g., tuition, membership, raffle, etc.) are also not eligible.
- Sentry will match a maximum of \$7,500 per year.
- You may donate to more than one eligible organization. However, if your total amount per year exceeds \$7,500, you must indicate how Sentry's matching funds should be allocated.
- Sentry's total matching contributions to any single organization are limited to an aggregated annual amount. Contributions exceeding that maximum annual amount cannot be carried over to the following year.

Direct questions regarding eligibility to the Sentry Insurance Foundation. Sentry reserves the right to suspend, change, or terminate this program at any time.

For more information, contact the **Executive Director, Sentry Insurance Foundation, 1800 North Point Drive, Stevens Point, WI 54481** or call **715-346-7600**.

To participate

You must be a full-time or part-time employee or retiree of Sentry Insurance or Sentry Services, or a current Board member of Sentry Insurance a Mutual Company or former Board member who is receiving post-service compensation.

Complete Part A and mail the entire form along with your donation to the educational, public broadcasting or disaster relief organization. The organization that receives your donation will complete Part B and return both parts to the Sentry Insurance Foundation for matching payment. The Sentry Insurance Foundation must receive completed matching gift forms from the eligible organizations within one year of your contribution date.

On Part A of the form, you may earmark your donations for specific educational purposes such as scholarships, building programs, athletics and fine arts.

The Sentry Insurance Foundation Matching Gift payments are disbursed semi-annually.

MATCHING GIFT PROGRAM REQUEST FORM



TO BE COMPLETED BY EMPLOYEE

Please fill out this section. Send it with your donation to the eligible organization of your choice.

1. College or University _____
(name of institution) (address)
2. Primary, secondary, technical school _____
(name of institution) (address)
3. Public Television _____
(name of institution) (address)
4. Public Radio _____
(name of institution) (address)
5. Relief organization _____
(name of institution) (address)

Earmark my contribution for _____

From _____
(participant name) (employee number - if applicable) (location - if applicable)

Address _____
(home)

I, _____ believe my personal gift of \$ _____ is eligible for
(signature required)

a matching gift from the Sentry Insurance Foundation. ____ / ____ / ____ (date required)

*If your total donations for the year exceed \$7,500, please indicate how the \$7,500 maximum matching funds will be allocated among the organizations you are supporting.



TO BE COMPLETED BY ORGANIZATION

Please complete and return to: **Executive Director, Sentry Insurance Foundation, 1800 North Point Drive, Stevens Point WI 54481**

I certify that this organization is eligible to receive a matching gift under the provisions of the Sentry Insurance Foundation Matching Gift Program as specified. I also certify that there is no benefit or service attached to the employee's gift (e.g., tuition, membership, raffle, etc.), and that the entire gift described in Part A was received by:

_____ (organization name)	_____ (telephone number)	_____ (e-mail address)	_____ (federal tax number)
_____ (street)	_____ (city)	_____ (state)	_____ (zip code)

Certified by _____ Title _____

Authorized signature: _____ Date ____ / ____ / ____

Primary, secondary or technical schools: If you have a foundation, endowment, trust or separate account to segregate these dollars to be used solely for educational purposes, please attach 501(c)(3) documentation (if not already on file with Sentry Insurance Foundation).

Title of Fund: _____

Sentry reserves the right to request information to support the above declarations.