Matching Gift Form for: **KEIDAN FINANCIAL CONSULTANTS, LLC**

TO BE COMPLETED BY THE DONOR - The Company through its **Keidan Cares Fund** will match contributions of $100 or more *up to $100 per household.*

Donor Name _____

Home Address _____

City/State/Zip Code_____

Please specify the donation amount given $ _____

Organization Receiving Gift: _____

Address: _____

I certify that the above institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501(c)(3) or Section 170(c)(1).

Signature of donor _____

Date _____