



• CHRONIC LYMPHOCYTIC LEUKEMIA •
 P.O. Box 301402, Unit 428
 Houston, Texas 77230-1402
 Phone: 713-745-2376
 Fax: 794-1602
 www.cllglobal.org

MATCHING GIFTS PROGRAM

Step 1. Donor should fill out Part A of this application form and send form with contribution to the CLL Global Research Foundation. Please enter all applicable data.

Step 2. CLL Global Research Foundation will complete Part B of this application and will forward completed application to the company/institution.

Part A (to be completed by donor):

Donor Information

- Employee Board Member
 Eligible Retiree (Retirement date _____)

 Name

 Social Security Number

 Home Address

 City/State/Zip

 E-mail Address

 Title

 Daytime Phone Number

Company Information

 Company Name

 Name/Title of Company's Matching Gifts Contact

 Company Mailing Address

 City/State/Zip

Gift Information

 Amount of Gift

 Type of Gift Cash Securities

If gift is in the form of securities:

 Type of Stock and Company

 Number of Shares

 Market Value per Share on Date of Gift

EMPLOYEE CERTIFICATION:

I certify that the information submitted is correct and that this contribution qualifies as a tax-deductible gift, is not a pledge or group gift and complies with all the specifications as described on this form. Neither I nor any member of my family will derive any direct or indirect benefit from this contribution, and it does not represent payment for service. I am currently an eligible employee, member of the Board of Directors, or eligible retiree of _____.

 Signature of Donor

Part B: To Be Completed by CLL Global Research Foundation

I certify that the amount of \$ _____ was received on _____ (date) and that neither the donor nor the company/institution will derive any personal material benefit from this gift or match. Additionally, I certify that the CLL Global Research Foundation is classified as a tax-exempt nonprofit public charity by the United States Internal Revenue Service and does not discriminate on the basis of race, gender, age, sexual orientation, disability or national origin.

 Signature of Officer

 Print or Type Name of Officer