

Matching Gift Program

Part 1 To be completed by the donor, then sent to the institution with the gift. (Please type or print)

Employee's Full Name			
Last	First	Middle Initial	
Home Address			
No. & Street	City	State	ZipCode
Employee Number	Division Number	Location/ Mailstop	Phone
College or University Complete Name			
Gift Amount			
\$			
Gift Restriction (if any)			
I certify that this information is correct and that it complies with the provisions of the SAIC program.			
Employee's Signature			Date

Part 2 To be completed by the institution and returned to the SAIC address listed below no later than 31 December of the year within the gift is made. (Please type or print)

College or University Name		Phone	
Address			
No. & Street	City	State	Zip Code
I certify receipt of the gift described in Part 1 and affirm that it will be used in support of the primary educational objectives of the institution. I further certify that this institution is eligible for a matching gift under the conditions of this program.			
Authorized Signature		Name	Date

Science Applications International Corporation
 Matching Gift Program Office, T3-2-1
 P.O. Box 1303, 1710 SAIC Drive
 McLean, VA 22102
 (703) 676-4455
