



Matching Gift Program
 111 W Ocean Blvd Suite 800
 Long Beach CA, 90802
 (562) 624-3400

MATCHING GIFT SUBMISSION FORM

SECTION A (Donor) To be completed by the donor and sent with your donation and a copy of the *Program Guidelines* to the eligible organization.

Cash/Credit Card Donation Date: _____ Enclosed is my Donation of \$ _____
 or

Donation of Securities Donation Date: _____ Enclosed is my Donation of _____ shares of _____

 enter description of securities

Name of Organization Receiving Donation: _____

Print Donor's Full Name: _____ Hire Date: _____

Home Address Street: _____

City: _____ State: _____ ZIP: _____

Work Location: _____

Work Telephone: _____ Work E-mail: _____

Signature: _____ Date: _____

SECTION B (Organization) To be completed by the eligible organization and the entire *Submission Form* returned to California Resources Corporation at the address listed above. Incomplete forms will not be matched.

I hereby certify this institution/organization has a 501(c)(3) status with the Internal Revenue Service and that a Donation of:

\$ _____
 or

_____ shares of _____

 enter description of securities

was made to: _____ institution or organization Tax ID Number (TIN) _____

and received on _____ date and donated by _____ name of donor

Signature of Authorized Officer: _____ Date: _____

Print Full Name of Officer: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____ E-mail: _____