



Federal Signal Corporation Give Where You Live Matching Gift Program

*SECTION 1: Matching request to be completed by Federal Signal donor
and sent to nonprofit organization for verification*

Employee Information

Name _____
Home Address _____
Phone _____
Email _____
Federal Signal Business Unit _____

Employment Status:

__ Salaried Full-Time
__ Hourly

501(c)3 Organization Information

Name _____
Address _____

Gift Information

Gift Amount \$ _____
Gift Date _____

Form of Payment:

__ Check/Cash
__ Credit Card

Purpose of Gift

Contributor Certification: *I certify that at the time of this gift I qualify as an eligible participant in this Program. I also certify this gift is my personal contribution and that it meets all the conditions stated in the Program document.*

Your Signature _____

Date _____

Federal Signal Corporation Give Where You Live Matching Gift Program

*SECTION 2: Certification of donation and verification of 501 (c) 3 status to be completed by nonprofit organization
and returned to Federal Signal Corporation to request matching donation*

Organization Information

Name _____
Address _____

Authorized Financial Officer _____
Contact Telephone _____
Contact E-Mail _____
Tax ID _____

Please attach a copy of your organization's 501(c)3 letter

Gift Information

Donor Name _____
Gift Amount \$ _____
Gift Date _____

Organization Certification: *I certify that our organization has received the gift from the individual named above I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) 3. A copy of your Section 501 (c) (3) letter dated with the current year must be included. Failure to include this letter may prevent processing.*

Signature _____

Date _____

Please submit completed form to:
Federal Signal Corporation
Attn: Give Where You Live Matching Gift Program
1415 W 22nd Street, Suite 1100, Oak Brook, IL 60523
or
email to HR@federalsignal.com