

# Growth Ring Matching Gifts

*An Individual Benefit Member Charitable  
Giving Matching Gifts Program*



ASSURED LIFE  
ASSOCIATION  
PO BOX 3169  
ENGLEWOOD, CO 80155

PHONE 303.792.9777  
TOLL-FREE 800.777.9777  
FAX 866.663.8560

WWW.ASSURED.LIFE.ORG

## REQUEST FOR MATCHING GIFTS

Please accept this completed form, along with my donation (**minimum of \$25**), as an application for matching gifts from Assured Life Association. My check, or copy of my online donation, **payable to the charity or organization** is enclosed.

### Donor Information

First and last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_

### Matching Gift Information

Date of Gift Request (month/day/year): \_\_\_\_\_  
Amount of my gift (\$25 Minimum): \_\_\_\_\_  
Amount of Requested Matching Gift:  
Up to \$250.00 (\$25 Minimum) \_\_\_\_\_  
Charity or Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

- Check here if this donation is in support of the national member food drive
- Check here if this donation is in support of the national Operation Santa's Elves

I certify that I am an individual benefit member of Assured Life Association; 16 years of age or older. I am making this donation under the guidelines of the Growth Ring Matching Gifts Program and understand that it complies. I understand this program is not a guaranteed contractual benefit and may be eliminated at any time. **My check, or online donation receipt, is made payable to the charity or organization** named on this request form.

Signature of Donor: \_\_\_\_\_

**Note:** If requesting matching gifts for more than one charity or organization, please submit a separate form.

*"Planting seeds for growth through the Growth Ring Matching Gifts Program."*