

# 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.ASSUREDLIFE.ORG

## REQUEST FOR MATCHING GIFTS

Please accept this completed form, along with my donation (**minimum donation of \$100 required**), 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

*Note: Matching Gifts to a Church must be for a specific mission of the Church, not to its general fund or general offering. If requesting matching gift to a Church, please specify the mission.*

Date of Gift Request (month/day/year): \_\_\_\_\_

Amount of my gift (**\$100 Minimum**): \_\_\_\_\_

Amount of Requested Matching Gift:  
Up to \$250.00 (**\$100 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; 18 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.