Federal	Signal Corporation	
	Live Matching Gift Progr	am
	est to be completed by Federal Signal do	
and sent to non	profit organization for verification	
Employee Information		<u>ment Status</u> :
Name		
Home Address	nou	rıy
Phone Email		
Federal Signal Business Unit		
501(c)3 Organization Information	Gift Information	Form of Payment:
Name		Check/Cash
Address		Credit Card
Purpose of Gift		
Contributor Certification : I certify that at the time of this	aift I aualifv as an eligible participant in	this Proaram. I also certify this gift
is my personal contribution and that it meets all the condi		
is my personal contribution and that it meets all the condi Your Signature	Date	
	Date	
	Date	
	Date	
Your Signature	Date Signal Corporation	
Your Signature Federal	Signal Corporation	
Your Signature Federal	Signal Corporation Live Matching Gift Progr	am
Your Signature Federal Give Where You SECTION 2: Certification of donation and verifica	Signal Corporation Live Matching Gift Progr	am by nonprofit organization
Your Signature Federal Give Where You SECTION 2: Certification of donation and verifica and returned to Federal Sign	Signal Corporation Live Matching Gift Progr ation of 501 (c) 3 status to be completed and Corporation to request matching dom	am by nonprofit organization pation
Your Signature Federal Give Where You SECTION 2: Certification of donation and verifica and returned to Federal Sign Organization Information	Signal Corporation Live Matching Gift Progr ation of 501 (c) 3 status to be completed anal Corporation to request matching dom <u>Gift Infor</u>	am by nonprofit organization pation rmation
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Your Signature Federal Signature Give Where You SECTION 2: Certification of donation and verification and returned to Federal Signation Organization Information Name Address Authorized Financial Officer	Signal Corporation Live Matching Gift Progr ation of 501 (c) 3 status to be completed anal Corporation to request matching dom Gift Infor Donor Na Gift Amo Gift Date	am by nonprofit organization pation rmation ame uunt <u>\$</u>
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Your Signature Federal a Give Where You SECTION 2: Certification of donation and verifica and returned to Federal Sign Organization Information Name Address Authorized Financial Officer Contact Telephone Contact E-Mail	Signal Corporation Live Matching Gift Progr ation of 501 (c) 3 status to be completed anal Corporation to request matching dom Gift Infor Donor Na Gift Amo Gift Date	am by nonprofit organization pation rmation ame
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Your Signature Federal is Give Where You SECTION 2: Certification of donation and verifica and returned to Federal Sign 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 lett Organization Certification: 1 certify that our organization has a recognized as a tax-exempt public charity (not a private foundation with the current year must be included. Failure to include this lett	Signal Corporation Live Matching Gift Progr ation of 501 (c) 3 status to be completed and Corporation to request matching dom Gift Infor Donor Na Gift Amo Gift Date	am by nonprofit organization nation rmation ame unt <u>\$</u> unt <u>\$</u>
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Your Signature Federal Give Where You SECTION 2: Certification of donation and verifica and returned to Federal Sign Organization Information Name Address Authorized Financial Officer Contact Telephone Contact Telephone Contact E-Mail Tax ID Please attach a copy of your organization's 501(c)3 lett Organization Certification: I certify that our organization has a recognized as a tax-exempt public charity (not a private foundata with the current year must be included. Failure to include this let Signature	Signal Corporation Live Matching Gift Progr ation of 501 (c) 3 status to be completed and Corporation to request matching dom Gift Infor Donor Na Gift Amo Gift Date	am by nonprofit organization nation rmation ame unt <u>\$</u> unt <u>\$</u>