

The Growth Ring Matching Gifts Program



Woodmen of the World/
Assured Life Association

8000 E Maplewood Ave., Suite 105
Greenwood Village, CO 80111
(800) 777-9777

An individual Benefit Member Matching Gifts Program

REQUEST FOR MATCHING GIFTS

Please accept this completed form, along with my donation, as an application for matching gifts from Woodmen of the World/Assured Life Association. My check is made payable to the charity or organization of my choosing.

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 (\$000.00): _____

Amount of Requested Matching Gift:
Up to \$250.00 (\$000.00) _____

Charity or Organization Name: _____

Address: _____

City, State, Zip: _____

I certify that I am an individual benefit member of Woodmen of the World/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. I understand the budget for this program is established annually and limited; therefore all eligible gifts may not be matched. My check is made payable to the recipient (charity or organization) 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.”