



FRAMINGHAM EDIC

GIFT CARD MATCHING PROGRAM

STATEMENT OF PURCHASES

Business name: _____

Contact name: _____

Address: _____

Phone: _____

Email: _____

	Date	Purchaser	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
Total amount (must not exceed \$250):			

**This form must be filled out completely to receive matching funds.
Proof of purchase is required (receipts, cleared checks, etc.). Email all documentation to
EDIC@framinghamma.gov by Monday, May 24, 2021 at 5PM EST.**