

Matching Gift Form for: **COMPANY NAME GOES HERE**

Part A – TO BE COMPLETED BY DONOR

The Company will match contribution of up to \$1,000
A 1:1 basis with a limit of _____ per calendar year

Please check one: Employee _____ Member of the Board _____

Name _____

Home Address _____

City/State/Zip Code _____

Company Name/Division _____

Work Location (city) _____ Daytime Phone _____

Individual Gift

Minimum Contribution: \$50

Please specify the \$ amount to be

Matched \$ _____

Group Gift: Made in honor of a person

Employee minimum contribution: \$25

given in support of _____

participating in _____

Event Name

Exact Date of Gift _____

AMOUNT OF GIFT

Made by: ___ Cash ___ Check ___ Credit Card ___ Securities Names: _____

#Shares _____

Organization Receiving Gift: _____

Address: _____

I certify that this gift meets with all the specifications as described in the company information as it relates
To matching gifts. I am currently an eligible employee of _____ or a member of the Board of
Directors of _____

Signature of donor _____

Date _____

Part B TO BE COMPLETED BY RECIPIENT INSTITUTION

1. Verify donor section. Fill out Part B Completely.
2. Mail this form along with a photocopy of the check, securities or proof of credit card donation to:

COMPANY NAME AND ADDRESS GOES HERE:

I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) (3) or Section 170 (c) (1). A copy of your Section 501 (c) (3) letter or Section 170 (c) (1) letter dated with the current year must be included. Failure to include this letter may prevent processing.

Donor _____ Amount _____ Date Received _____

Organization _____ Tax ID _____

Address _____ Phone _____

City/State/ZIP _____

Signature of Officer (not a stamp) _____

Print or type Full Name and Title of Officer _____