

Corporate Matching Form for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTA – TO BE COMPLETED BY DONOR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please check one: | | | Employee: | | | |  | | | | Member of the Board: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | |
| Employer: | |  | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | United States | | | | | | |  | | United Kingdom | | | | | | | | |
| City: | | | | | State | ZIP | | City/Town | | | | | | | Postal Code | | | |
|  | | | | |  |  | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Pledge Donation Value | | | | | | | |  | | USD | | | |  | | GBP | | |
|  | | | | | | | |  | | | | | | | | | | |
| Pledge Donation Contribution (employee) | | | | | | | | $ | | | | | | £ | | | | |
| Pledge Match Contribution (employer) | | | | | | | | $ | | | | | | £ | | | | |
| Total Pledge Contribution Value | | | | | | | | $ | | | | | | £ | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Date of Gift | | | | | | | |  | | | | | |  | | | | |
| Contribution made by: | | | | | | | |  | Cash | | |  | Check | |  | | | Credit card |
|  | | | | | | | | | | | | | | | | | | |
| Beneficiary institution receiving gift: | | | | | | | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | |
| City: | | | | State | | ZIP | | City/Town | | | | | | | Postal Code | | | |
|  | | | |  | |  | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | 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: | | | | | | | | | | | | | | | | | |
| COMPANY | | |  | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | | | | | | | | | | |
| SIGNATURE | | |  | | | | | | | | | | | | | | | |
| Date | | |  | | | | |  | | | | | | | | | | |

**PARTB – TO BE COMPLETED BY BENEFICERY INSTITUTION**

1. Verify donor section
2. Fill out section below completely
3. Mail this form (or email if specified below) with photocopy of check (or email receipt if specified below) to following address below

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| Contact: |  |

|  |  |
| --- | --- |
|  | I verify that this institution is acknowledged 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 |  |
|  | | | | | |
| Company |  | | | | |
| Tax ID # |  | | | | |
| Address |  | | | | |
| Signature |  | | | | |
| Print Name |  | | | | |
| Phone |  | | | | |
| email |  | | | | |