

Matching Gift Form for:

COMPANY NAME GOES HERE

Part A - TO BE COMPLETED BY DONOR

The Company will match contributions of up to \$1000.00
A 1:1 basis with a limit of _____ per calendar year

Please check one: Employee Board Member/Director

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____

Location: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Individual Gift

Minimum Contribution: \$50.00

Please specify the \$ amount to be Matched: \$ _____ -
Tax Deductible

Exact Date of Gift: _____

Made by: CASH
 Check
 Credit Card
 Securities Names: _____
 #Shares: _____

Group Gift: Made in Honor of a person

Employee minimum contribution: \$50.00

given in support of _____
participating in _____
Event Name

Amount of GIFT: \$ _____ -
Tax Deductible

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 Names Goes Here

I am currently an eligible Board Member/Director: _____ Company Names Goes Here

Signature of Donor: _____ Date: _____

Part B - TO BE COMPLETED BY NONPROFIT ORGANIZATION

FEDERAL TAX ID: 59-2564198

Organization Receiving GIFT: Community Aids Resource Inc - Care Resource

Location: 3510 Biscayne Boulevard SUITE 300

City: Miami State: Florida Zip Code: 33137

Business: 305-576-1234 Fax: 305-571-2028

I hereby certify that: We received the above stated contribution from the above Employee/Board Member/Director and that the donation represents a charitable contribution and the Donor derives no material benefit (e.g. dinner, raffle and/or sporting event tickets, sponsorships, golf tournaments (incl. participation), parking privileges, dues credits, membership, tuition, etc.) as a result of this gift.

Name: _____ Date: _____

Title: _____

Signature: _____

SAMPLE FORM