 

**Matching Gift Form for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **YOUR COMPANY NAME GOES HERE**

**[Part A]** TO BE COMPLETED BY DONOR the company will match contribution of up to (dollar amount) $\_\_\_\_\_\_\_\_

**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 Group Gift: Made in honor of a person***

Minimum Contribution: $50 Employee minimum contribution: $25

Please specify the dollar amount to be given in support of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matched $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exact Date of Gift:** \_\_\_/\_\_\_\_/\_\_\_\_ **AMOUNT OF GIFT:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Made by: \_\_\_\_Cash \_\_Check \_\_Credit Card \_\_\_\_\_\_\_\_

Organization Receiving Gift: **UNITED NEGRO COLLEGE FUND (UNCF)**\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_**3699 Wilshire Blvd. Ste. 675. Los Angeles CA 90010**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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/ORGANIZATION**

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 \_\_\_**UNCF\_( United Negro College Fund )** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID: **13-1624241**\_\_\_\_\_\_\_\_\_

Address \_\_\_\_3699 Wilshire Bl. Ste: 675\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (213) 639-3800\_\_\_\_\_\_\_

City/State/ZIP\_ Los Angeles, CA 90010\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Officer (not a stamp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type Full Name and Title of Officer \_\_\_\_CAROLYN D. TRADER , Development Director\_\_\_\_\_\_\_\_