

# Matching Gift Contribution Form

**Access Group, Inc:** Access Group will match charitable monetary donations up to a specified limit that are made by employees to schools, hospitals and certain other charitable organizations that are recognized by the US Internal Revenue Service (IRS) as not-for-profit entities which can accept tax-deductible contributions.

**Employee:** Complete this form and send it together with your monetary donation to the charitable organization. Upon this form's proper completion by you and the organization, and its approval by Access Group, the matching gift amount will be sent to the charitable organization. Access Group reserves the right to request additional documentation from the employee and/or the organization.

**Organization:** If your organization is a not-for-profit entity which is recognized by the IRS as being eligible to accept tax-deductible contributions, complete this form and return it to the following address to receive Access Group's matching gift contribution:

Access Group, Inc.  
ATT: Pam Seibert  
HUMAN RESOURCES  
5500 Brandywine Parkway  
Wilmington, DE 19803

\*\*\*\*\*Misuse of this form by employee and/or organization may result in legal and/or disciplinary action\*\*\*\*\*

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(This section to be completed by Access Group employee)

I certify that I made a monetary donation in the amount indicated below to the organization listed below. I further certify that no goods or services were provided by the organization in return for my contribution.

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Donation Made To:** \_\_\_\_\_

**Amount of Donation:** \_\_\_\_\_

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(This section to be completed by the receiving charitable organization)

The person signing below certifies that their **not-for-profit organization is eligible to accept tax-deductible contributions**, and did receive a monetary donation in the amount, and from, the contributor listed above. The person signing below further certifies that no goods or services were provided in connection with this contribution.

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Employer ID/TIN (required):** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Print Name** (of person signing): \_\_\_\_\_

**Print Title** (of person signing): \_\_\_\_\_

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(This section for Access Group use only)

**Accounting Code:** 41850-120-000-000

**Human Resource Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

