



Matching Gift Program Application Form

Please complete the following application in its entirety in the space provided and return to Mark Hoopes.

Employee:		Amount of Gift: \$	
Name of Organization:			
Federal Tax Identification Number:			
Address:			
City:		State:	Zip Code
Telephone:		Fax:	
Organization Web Address:			
Primary Contact:/Title:		E-mail Address:	
Telephone:		Fax:	
Is the organization nonprofit tax exempt as defined in section 501 (c) of the IRS code? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:			