



GIFT MATCHING PROGRAM

PART A: Donor

Employee: Complete Part A (only) and forward this form (and Part B), along with your donation, to the Receiving Non-profit organization/institution. All requested information must be provided. NOTE: Gift receipts are not accepted by Alaska Airlines' Matching Gift Program. Matching Gift application processing closings are May 30 and November 30. There will be two payments per year, in June and December, for all applications received and processed by the closing dates.

• PLEASE PRINT •

EMPLOYEE ARCTIC NUMBER:

EMPLOYEE NAME

HOME PHONE

HOME ADDRESS

CITY, STATE, ZIP

CO-MAIL CODE

WORK PHONE

E-MAIL ADDRESS (WORK OR HOME)

DATE OF GIFT

\$, .00
AMOUNT (In whole dollars)

NON-PROFIT RECEIVING GIFT: Kindergarten-12th Grade Schools
 Higher Education (college/vocational, tech school, junior college, graduate or professional)

NAME OF RECIPIENT ORGANIZATION (DO NOT ABBREVIATE)

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

I hereby certify that the information I have provided is complete and correct, that my gift fully complies with the program provisions stated in the "Alaska Airlines Matching Gift Program" guidelines, and I understand that if this application contains false, deceptive or misleading information, I may be subject to loss of program eligibility.

SIGNATURE OF EMPLOYEE

DATE

(PART B - Donee to be completed by Non-profit organization Receiving Gift)



GIFT MATCHING PROGRAM

PART B: Donee

Non-profit Receiving Gift: Complete Part B (only) and forward this form (and Part A), to the address below. Forms must be received by Alaska Airlines within six months of the date of the gift (directly from the Non-profit organization). After six months, the gift is no longer eligible. Closings for Matching Gift application processing are May 30 and November 30. There will be two payments per year — in June and December, for all applications received and processed by the closing dates.

•PLEASE PRINT•

\$, .00

GIFT AMOUNT RECEIVED (In whole dollars)

\$, .00

TAX-DEDUCTIBLE PORTION

The Receiving Non-profit is a (mark one):

Kindergarten – 12th Grade Schools

Higher Education (college/vocational, tech school, junior college, graduate or professional)

NAME OF NON-PROFIT ORGANIZATION

Use only the name reflected on IRS Form 501 © (3) (if applicable)

FEDERAL TAX ID NO. (EIN) – if applicable

ADDRESS

CITY, STATE, ZIP

TELEPHONE

E-MAIL ADDRESS

I VERIFY THE RECEIPT OF THE ABOVE DESCRIBED GIFT AND CERTIFY THAT WE ARE A TAX-EXEMPT NON-PROFIT UNDER SECTION 501 © (3) OF THE INTERNAL REVENUE CODE (CANADA AND MEXICO EXEMPT) THAT NO DIRECT TANGIBLE BENEFIT WILL ACCRUE TO THE DONOR, ANY MEMBER OF THE DONOR'S FAMILY, OR ANYONE DESIGNATED BY THE DONOR, AND THAT THE GIFT WILL BE USED TO SUPPORT THE PRIMARY OBJECTIVE OF THE INSTITUTION. I FURTHER UNDERSTAND THAT THE ALASKA AIRLINES GIFT MATCHING PROGRAM RESERVES THE RIGHT TO AUDIT FOUNDATION RECORDS AND DOCUMENTS PERTAINING TO THIS PROGRAM AND TO REQUEST SUPPORTING DONOR DOCUMENTATION IT CONSIDERS NECESSARY.

PRINTED NAME

TITLE

SIGNATURE

DATE

After completion of Part A & B, please forward to:

Donna Hartman
Corporate Contributions Administrator
Alaska Airlines Matching Gift Program
P.O. Box 68900 - SEAZP
Seattle, WA 98168