



### Matching Gifts Program Request Form

#### Instructions

Donor:

- Complete Section A of this form - one for each gift. Please print or type.
- Send this form with your contribution to the recipient organization.

Recipient Organization:

- Verify receipt of gift.
- Complete Section B of this form. Please print or type.
- If this is your first matching gift request to the Amerigroup Foundation Matching Gifts Program, please enclose a copy of your Internal Revenue Service 501(c)(3) determination letter and a brief description of your organization’s mission statement or purpose.
- Forward form to the address printed below. The Amerigroup Foundation Matching Gifts Program must receive this completed form within ninety (90) days of the date you received the donor’s gift.

#### Section A: To be Completed by Associate

Associate ID Number: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Location \_\_\_\_\_ Work Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Date of Gift: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_

Type of Gift (check one)  Cash/Check  Credit Card

Recipient Organization Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Program Designation (if any) \_\_\_\_\_

Are you a Board member of this organization?  Yes  No

**Certification Statement:** I certify that my gift is a voluntary contribution, paid by check or credit card, and not merely pledged. I verify that these are my own resources, not the collected gifts or loans of any other person or organization and this is a single gift, not an aggregation of contributions. I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution and that it does not represent, in any way, a fee for a service or benefit. I have read and understand the guidelines of the Amerigroup Foundation Matching Gifts Program attached to this form, and I certify that my gift fully complies with its provisions.

Associate Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form with your contribution to the recipient organization.

#### Section B: To be Completed by Eligible Organization

Name of Organization \_\_\_\_\_ EIN# \_\_\_\_\_

(Please attach a copy of your IRS designation letter to this form)

860 Greenbrier Circle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Gift Amount \_\_\_\_\_ Tax-Deductible Gift Amount \_\_\_\_\_

Date of Gift \_\_\_\_\_

**Certification Statement:** I verify receipt of the charitable gift described by the donor, and I hereby certify that this is a non-profit organization /program that meets all of the eligibility requirements of the Amerigroup Foundation Matching Gifts Program, and that contributions to it are tax-deductible under Section 501(c)(3) of the Internal Revenue Code. Neither the donor nor Amerigroup will derive any material benefit from this gift or match. This gift is a voluntary charitable contribution that fully complies with the guidelines of the Amerigroup Foundation Matching Gifts Program attached to this form..

Organization (please print) \_\_\_\_\_

Title \_\_\_\_\_

Contact’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed Application form to:

**Matching Gifts Program**  
The Amerigroup Foundation  
4425 Corporation Lane  
Virginia Beach, VA 23462

E-mail: [vlockye@amerigroupcorp.com](mailto:vlockye@amerigroupcorp.com)  
Telephone: (757)473-2705