



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)

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: Melissa.Reese@amerigroup.com,
Director, Community Relations
Telephone: (757)955-8876