



**ARETÉ ASSOCIATES
MATCHING GIFT PROGRAM**

1. **EMPLOYEE** completes PART 1 and forwards form and contribution to eligible organization.
2. **RECIPIENT** completes PART 2 and returns to Arété Associates.
3. **ARETÉ** verifies eligibility and matches eligible contributions on a quarterly basis. Matching contributions are made directly to the qualifying organization.

PART 1: To be completed by EMPLOYEE	
Name of Employee	Business Phone
Address of Employee	City, State, Zip
Amount of Contribution	Date of Contribution
Name of Organization	
Address of Organization	City, State, Zip

PART 2: To be completed by RECIPIENT

As an authorized administrator of the designated organization, I certify that the gift described above was received and this institution is recognized as tax exempt by the IRS under Section 501 (c) (3). The donor received no goods or services in exchange for this donation. In addition, our organization will provide an acknowledgement or receipt to Arété Associates for any contribution equal to or exceeding \$250.00, as stipulated by the IRS.

Certifying administrator		
Print name	Title	Phone number
Organization Tax ID Number/EIN	Signature	Date

Please return completed form to: Arété Associates, Matching Gifts Administrator
9301 Corbin Avenue, Suite 2000
Northridge, CA 91324
Fax: 818-885-2212