

## BCD Travel Employee Matching Contribution Program

*Employee: Please fill in your name and send to the eligible organization.*

**Organization: Please complete this form and return to the address at the bottom.**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_ Donation \_\_\_\_\_

Legal Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_ Website address \_\_\_\_\_

Executive Director (*Name and brief description of service/experience*) \_\_\_\_\_

\_\_\_\_\_

Is the organization an affiliate/member/local chapter of a national organization? \_\_\_\_\_

If so, what is that organization? \_\_\_\_\_

Organization's Founding Year \_\_\_\_\_ Organization Type (*employment training center, specific service provider, etc.*) \_\_\_\_\_

Mission Statement \_\_\_\_\_

\_\_\_\_\_

Comprehensive List of Programs and Services Offered \_\_\_\_\_

\_\_\_\_\_

Target Audience \_\_\_\_\_

Summary of Important Service Statistics \_\_\_\_\_

\_\_\_\_\_

Long-term Vision (*3-5 year plan*) \_\_\_\_\_

\_\_\_\_\_

*Please attach a copy of your 501(c)3 IRS determination letter and mail to BCD Travel Employee Matching Contribution Program, Six Concourse Parkway, Suite 2400, Atlanta, Georgia 30328.*