

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.