



MATCHING GIFTS PROGRAM

Section One: *To be completed by the BFSFCU staff member:*

Full Name: _____ **Staff Number:** _____

Residential Address: _____

Name of Receiving Institution: _____

Amount of Gift: _____ **Type:** Cash Check Credit Card **Date:** _____

Purpose of Gift: _____

Certification of the Staff Member: I certify that this gift is my personal contribution and that it meets all of the conditions of BFSFCU's Matching Gifts Program ("Program"), including the stipulation that neither I nor any member of my family nor any individual designated by me has received or will accept a benefit of more than a nominal monetary value in return for or as a result of this gift or its matching by BFSFCU. I understand that non-compliance with the Program's policy or falsification of data submitted on this application will result in disciplinary action by BFSFCU.

Signature of Staff member: _____ **Date:** _____

Section Two: *To be completed by the receiving institution.*

Certificate by the Receiving Institution: I certify that the above gift was received by this institution and was made by the person indicated above. I further certify that neither the above named individual nor any member of his/her family nor any individual designated by the individual named above has received or will receive a benefit of more than a nominal monetary value in return for or as a result of this gift or its matching by BFSFCU. I further certify this institution is exempt by IRS under Section 501 (c) (3).

Name of Authorizing Financial Officer: _____

Title of Officer: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

Mailing Address: _____

Gift Amount: \$ _____ **Tax Deductible Gift Amount:** \$ _____

EIN #: _____ **e-Mail Address:** _____

Upon completion, transmit a copy to: accounts payable@bfsfcu.org

OR

mail a copy to: Bank-Fund Staff Federal Credit Union * P. O. Box 27755 * Washington, DC 20038-7755
Attention: Accounts Payable

If you have any questions, please call (202) 212-6527