

Bank of America Matching Gifts Program

Bank of America may suspend, change or terminate this program at any time. The interpretation, application and administration of the program shall be determined by the trustees of the Bank of America Foundation, whose decision is final.

Part A: APPLICATION

Please read the guidelines carefully. Then complete Part A and send the entire form to the recipient organization with your gift. Print or type all information clearly. Failure to complete any part of this form may result in significant delays.

Name _____ Person Number
Or
Social Security Number

DONOR STATUS

Employee Director Retiree

Interoffice address (home address for retirees/directors)

City _____ State _____ ZIP _____

Office telephone (home telephone for retirees/directors)

Name of organization

Indicate special purpose or designation (if other than unrestricted)

Amount of gift _____ Date of donation _____ Amount to be matched _____

If donating stock: _____
Name of stock _____ No. of shares _____

I am eligible to participate in the Bank of America Matching Gifts Program and authorize the above-named organization to report this gift to the Bank of America Foundation for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions for the program described herein, and does not represent in any way a fee for a service or benefit.

Signature _____ Date _____

Part B: VERIFICATION

RECEIVING ORGANIZATION:

Please complete this section. Failure to complete any part of this form may result in significant delays. Send the form to this address:

Bank of America Matching Gifts Program
100 North Tryon Street
NCI-007-18-01
Charlotte, NC 28255
(888) 218-4319

FIRST REQUEST

If your organization has not previously participated in the Bank of America matching Gifts Program

PLEASE include: Copy of 501(c)(3) from the IRS
 Accrediting association, if applicable
 Statement of purpose

On behalf of your organization, please certify by signing below that:

- the gift complies with all of our guidelines applicable to your organization;
- you are an organization classified as a tax-exempt, 501(c)(3) organization according to the United States Internal Revenue Code;
- you have received in cash or securities \$ _____
from the contributor on _____ DATE

Organization _____

Signature _____ Date _____

Title _____

Name of authorized person (print or type) _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

Gift Category: check one

Arts & Culture Community Development
 Education Health & Human Services
 Other (please specify)

