

Matching Gifts Request Form

Instructions for EMPLOYEE: Complete and sign the DONOR SECTION of the form below. Mail the form with the DONOR SECTION completed along with your donation check and a copy of the Bennett Bigelow & Leedom, P.S. Matching Gifts Program policy to the recipient organization. (Do not complete the ORGANIZATION SECTION.)

DONOR SECTION

Employee name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Special purpose of donation (if any): _____

Cash donation amount: \$ _____

Bennett Bigelow & Leedom, P.S. will match an employee cash donation dollar-for-dollar, up to \$250.00 per calendar year.

I request Bennett Bigelow & Leedom, P.S. to make a matching contribution on my behalf in the amount of \$ _____. I have read the guidelines and believe this to be a qualified cash donation under the Bennett Bigelow & Leedom, P.S. Matching Gifts Program.

Employee Signature: _____
Date: _____

Instructions for RECIPIENT ORGANIZATION: Complete and sign the ORGANIZATION SECTION of the form below. Mail the completed form with a copy of your tax-exempt status document and a copy of the employee cash donation receipt to Bennett Bigelow & Leedom, P.S., Matching Gifts Plan, 601 Union Street, Suite 1500, Seattle, Washington 98101-1363.

ORGANIZATION SECTION

Organization name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Tax exempt status (enclose copy of document): _____

I have read the guidelines for Bennett Bigelow & Leedom, P.S. Matching Gifts Program and certify that the employee donation has been received and complies with the provisions of the plan.

Organization representative name: _____

Organization representative title: _____

Representative Signature: _____

Date: _____