

## 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: \_\_\_\_\_

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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: \_\_\_\_\_