

ADP's Matching Gift Form



Section A: To be completed by the ADP associate. Please read program guidelines before completing form. Please **PRINT** and answer all items – incomplete forms will be returned back to you.

| Associate Personal Information: | Associate ADP Information: |
|---------------------------------|--|
| Associate Name: | Associate Id: |
| Home Address: | ADP Bus. Unit: |
| City, St. Zip: | ADP Wk Location (City, St): |
| Amount (Minimum \$25): | Date of Hire: |
| Date/Year of Gift: | ADP Phone #: |
| | Specific use, if any for gift: |
| | Name of Charity: |
| | Full Name of stock: |
| | Stock Symbol: |
| Associate Signature: | Approx. value of stock on day of donation: |
| | # of shares: |

Signature Required: This gift (and its slated value) which is made from my personal funds (not pooled or collected) fully qualifies as a charitable donation. I verify that, in return of this donation, neither I nor a member of my family have not received or will receive any payment, goods, products, tuition, service, or direct benefit to me. By signing this form, I am certifying that the gift meets all of the requirements listed in the guidelines.

Section B: To be completed by the charity organization and will act as verification of associate's gift payment. If this is your first request to the ADP Foundation Matching Gift program, please enclose a copy of your Internal Revenue Service 501 c 3 IRS determination letter. An incomplete form will be returned to the ADP associate. Please **PRINT** and answer all items.

| Charity Information: | Charity Verification: |
|-------------------------------------|---|
| Name of Charity: | <p><i>I hereby certify that this matching gift was made by the associate named above whose gift has been received by this organization on the date specified.</i></p> <p><i>This gift will not be used to fulfill payment of a pledge, any fees, services, membership dues or in lieu of tuition.</i></p> |
| Amount Received: | |
| Date Form Received: | |
| Charity's physical mailing address: | |
| City, St. Zip: | |
| Phone #: | |

As of this date, I attest that our charity is an accredited 501 c3 charity as designated by the IRS and is also in good standing with either the Better Business Bureau or Charity Navigator websites as a reputable accredited charity.

| | |
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| Print Name of Authorizing Officer: | Title of Authorizing Officer: |
| Authorizing Officer's Signature: | |
| E-mail Address: | |

Please return all forms to:
ADP Foundation-Matching Gift Program
1 ADP Blvd, Roseland, NJ 07068
Questions? Please contact: 973.974.3498