

## MATCHING GIFTS GUIDELINES

The purpose of the Matching Gift Program is to encourage Associates to support the community by giving gifts to a non-profit charitable organization with added help from The Children's Place.

### Eligible Individuals:

- Full Time and Regular Part Time Associates who have completed six months of service

### Eligible Organizations:

- Charitable Organizations who are recognized as tax exempt non-profit organization as defined under Section 501 (c)(3) of the Internal Revenue Code or registered with the Canada Customs and Revenue Agency (CCRA) and have Full Time paid and professional management.

The following organizations are not eligible:

- Religious organizations where the sole purpose or primary purpose of the organization is the operation of a church, synagogue, or other place of religious worship at which non-profit religious services and activities are conducted. Such an organization includes, without limitation, an integrated or affiliate of the organization, men's, women's or youth groups established by the organization, a school or mission society operated by the organization, an organization of local units of a church, and a convention or association of churches.
- Political organizations in support of or advocacy of any political principle, the defeat or passage of any state or federal legislation, or political campaign.
- Individuals or organizations that are established for the sole purpose of benefitting one individual or an individuals' family. This does not include agencies that support individuals.
- Individual academic or extracurricular sponsorships or scholarships

### Eligible Gifts:

- Personal contributions actually paid, not merely pledged, to the eligible organization in support of its primary objective
- Minimum amount gifts eligible for match is \$25. If you do not wish to have your gift matched in full, please specify the amount you wish to have matched.
- Maximum amount of gifts per associate that will be matched per calendar year is \$10,000.

### How to Apply:

- Complete Part 1 of the Financial Contributions Form and send the form to the charitable organization

### Note(s):

- Incomplete form or forms that do not qualify will be returned to the donor.
- Part 2 must be completed and signed by an authorized officer of the eligible organization.
- The following MUST be returned with the Financial Contributions Form to receive approval/payment:
  - A copy of the organization 501(c) (3) determination letter from the United States Treasury/Internal Revenue Service or a copy of the registration letter from the Canada Customs and Revenue Agency (CCRA)
  - W9 Form

Please return form to: The Children's Place Attn: Benefits / Matching Gifts 500 Plaza Drive Secaucus, New Jersey 07094

## MATCHING GIFTS PROGRAM

Note: The Children's Place must receive this form within six months of gift.

### PART 1 - TO BE COMPLETED BY ASSOCIATE (PRINT OR TYPE)

Donors Name: \_\_\_\_\_

Associate ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Organization Gift Is Made To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Gift: \_\_\_\_\_ Amt. of Gift: (\$25. minimum) \$ \_\_\_\_\_

Amt. To Be Matched: \$ \_\_\_\_\_

Form of Gift: (select one)  Check  Credit Card  Money Order  EFT  Securities

If you selected Securities: #of shares \_\_\_\_\_ Title of Securities \_\_\_\_\_  
Value \$ \_\_\_\_\_

I certify that the above donation is entirely my personal contribution and is not the gift in part or in whole of another individual or group of individuals. I have read and understand the guidelines.

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FORWARD FORM TO CHARITABLE ORGANIZATION FOR  
CERTIFICATION OF GIFT**

## MATCHING GIFTS PROGRAM

### PART 2 - To be completed by CHARITABLE ORGANIZATION (Print or Type)

The following MUST be attached for approval/payment:

- A copy of the organization 501 (c) (3) determination letter from the US Department of the Treasury/Internal Revenue Service or registration letter from the Canada Customs and Revenue Agency
- W9 Form (U.S. Only)

**Name of Organization:** \_\_\_\_\_

**Please check the following country of origin:** US  Canada

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**ZIP or Postal Code:** \_\_\_\_\_

**Is this a new address? (select one) 0 YES 0 NO**

**Telephone Number:** \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

**What is the mission of your organization?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above gift has been received and that the amount of gift be matched represents a charitable contribution from which the donor derived no material benefit (e.g. tuition, tickets, magazine subscriptions, etc.) as a result of this gift and that it will be used to support the objectives of this organization.

**Signature of Authorized Officer:** \_\_\_\_\_

**Print or Type Name of Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return form to:** **The Children's Place Attn: Benefits / Matching Gifts**  
**500 Plaza Drive Secaucus, NJ 07094-2409**