



Charitable Contribution Form

Date of Contribution:	
Employee Last Name:	First Name:
Department:	Extension:
Name of Organization Receiving Donation:	
Address of Organization Receiving Donation:	
Amount of Employee Donation:	
Make Citrix Check Payable To:	
Address That Payment Should be Sent To:	

Program Guidelines:

- ☞ All full time employees are eligible to participate in the Charitable Contribution Program.
- ☞ Citrix will match up to \$1,000 per employee, per year, up to a total Company maximum of \$100,000.
- ☞ Contributions should be to organizations that are classified as qualified 501(C)(3) including accredited educational institutions, **excluding** fraternities, sororities, religious or sports organizations.
- ☞ **A receipt must accompany this form in order to process the Company match.**