

Conrad N. Hilton Foundation Employee Matching Gifts Program

PART 2A – TO BE FILLED OUT BY THE EMPLOYEE

Employee Name

Contribution Amount

Purpose:

General Support

Program/Project Support (briefly describe):

PART 2B – TO BE FILLED OUT BY THE RECIPIENT ORGANIZATION

The Employee Matching Gifts Program of the Conrad N. Hilton Foundation is designed to support and encourage our employees' financial support of eligible non-profit organizations and institutions. The Foundation will provide a \$2 matching gift for every \$1 contributed by a Foundation employee to eligible non-profit organizations and institutions.

To be considered for a matching gift, please complete, scan and email the form back to us within 60 days to: GMDepartment@hiltonfoundation.org. You may also mail the completed form to: Employee Matching Gifts Program, Conrad N. Hilton Foundation, 30440 Agoura Road, Agoura Hills, CA 91301.

If fiscally-sponsored, please have the fiscal sponsor complete the information below.

Legal Name of Organization

Tax ID Number (EIN)

Mailing Address

City

State

Zip Code

Website

Name and Title of Contact Person

Email for Contact Person

Phone for Contact Person

CERTIFICATION:

I certify that a contribution of \$_____ was received by this organization on _____ from _____ . I further certify and warrant that the organization is exempt from income tax under Section 501(c)(3) of the Internal Revenue Code and that the organization is not a private foundation as described in Section 509(a). I further warrant that none of the funds will be used, either directly or indirectly to influence any proposed or pending legislation or for any prohibited activity, including any form of violent political activity, terrorists or terrorist organizations.

Authorized Signature: _____

Date:

Name and Title:
