



## **TIMES TWO MATCHING GIFT APPLICATION**

### **PART A - TO BE COMPLETED BY CONTRIBUTOR AND SENT TO RECIPIENT ORGANIZATION**

Name of Contributor \_\_\_\_\_ Department \_\_\_\_\_

Name of Recipient Organization \_\_\_\_\_

Contribution \$ \_\_\_\_\_ Form of Gift (check one):  Credit Card  Check

**CERTIFICATION OF CONTRIBUTOR:** I certify that a) I have read Constant Contact’s Matching Gift Policy (the “Policy”); b) this gift is fully eligible under the Policy; c) this gift is entirely my personal contribution; d) this gift does not represent a payment, directly or indirectly, for goods or services, tuition, religious purposes, or to provide other substantial benefits, directly or indirectly to me; and e) this gift is not made to an ineligible Recipient Organization (as defined in the Policy). I authorize Constant Contact to publish my name as a Matching Gift Participant.

Signature of Contributor \_\_\_\_\_ Date \_\_\_\_\_



### **PART B – TO BE COMPLETED BY THE RECIPIENT ORGANIZATION**

Name of Recipient Organization \_\_\_\_\_

Address of Recipient Organization \_\_\_\_\_

\_\_\_\_\_

Tax ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Amount of Gift \$ \_\_\_\_\_ Date of Gift \_\_\_\_\_

**CERTIFICATION OF RECIPIENT ORGANIZATION:** As an authorized officer/representative of this organization, I certify that a) the gift described above was received from the Contributor; b) this gift does not represent a payment, directly or indirectly, for goods or services, tuition or religious purposes, or to provide other substantial benefits, directly or indirectly, to the Contributor; c) we are an organization recognized by the Internal Revenue Service as a charity having tax-exempt status under Internal Revenue Service Code Section 501(c)(3); and d) that such status continues unchanged through the date hereof. I further acknowledge that any gift made by Constant Contact is a voluntary charitable contribution and subject to the terms and conditions of the Policy. I authorize Constant Contact to publish and use the name of our organization and volunteers.

Name and Title of Person Submitting Form \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon receipt of gift from Constant Contact, all Recipient Organizations must submit a letter of acknowledgement to the address below.

Please return paperwork to:

Constant Contact, Inc.  
1601 Trapelo Road  
Waltham, MA 02451  
ATTN: Reed Bundy (781.482.7044)  
*Scanned, completed documents may be emailed to  
rbundy@constantcontact.com.*