

DG Matching Gifts Program Application

Eligible organizations receive one-to-one matching gift support from DG.

APPLICATION PROCESS

Employee

Complete Part A and send with your contribution to the nonprofit organization.

Recipient Institution

Upon receipt of contribution, complete Part B and mail entire form to DG Matching Gifts Program, 750 West John Carpenter Freeway, Suite 700, Irving, TX 75039.

PART A (EMPLOYEE COMPLETES)

Employee Name (First, Middle Initial, Last)

Complete Name of Organization Receiving Gift

Date of Gift

Amount of Gift - If gift is securities, contact Christina Bell for additional information required

Employee Signature

PART B (RECIPIENT INSTITUTION COMPLETES)

- Verify donor section
- Fill out Part B completely
- If you have not previously received a DG matching gift, include a copy of your IRS 501(c)(3) letter, IRS Form W-9 (Taxpayer Identification Number and Certification), and mission statement.

I certify that the amount of \$_____ was received on _____ (date), that this institution meets the eligibility requirements of the DG Matching Gifts Program, and that neither the donor/DG employee nor DG will derive any personal material benefit from this gift or match. I also certify that the institution shall not employ or deal with any entities or individuals known to support terrorism or to appear on any of the following lists:

The U.S. Department of the Treasury, Office of Foreign Assets Control, Specially Designated Nationals List;

The U.S. Department of Justice Terrorist Exclusion List;

The United Nations List promulgated by the UN Security Council Resolutions 1267 and 1390; and

The List promulgated by the European Union pursuant to EU Regulation 2580.

Signature of Financial Officer (not a stamp)

Print or Type Full Name & Title of Financial Officer

Organization Mailing Address

Phone

Fax

Email

Website

Donee Tax I.D. No. (EIN)

Date

