



**Gift Matching
HOURS APPLICATION FORM**

PLEASE FORWARD FORM TO:
Davidson Companies
PO Box 5015
Great Falls, MT 59403-5015
Attn: Lindsey Kunkel/Accounting Department

Part 1. (To be completed by employee)

Employee Name _____
Home Address _____
City _____ State _____ Zip _____
Branch/Department Name and Number _____
Organization to which this gift is made _____
Organization Address _____
City _____ State _____ Zip _____

_____	_____	_____	_____
Date	# Volunteer Hours	Date	# Volunteer Hours
_____	_____	_____	_____
Date	# Volunteer Hours	Date	# Volunteer Hours
_____	_____	_____	_____
Date	# Volunteer Hours	Date	# Volunteer Hours
_____	_____	_____	_____
Date	# Volunteer Hours	Date	# Volunteer Hours
		Total Number of Hours _____	

I attest that the hours input above are an accurate reflection of the hours I volunteered my time for and that I have read and understand the program guidelines.

Employee (Donor) Signature _____
Please forward to charitable organization for certification of gift

Part 2. (To be completed by charitable organization)

A copy of the organization's 501©(3) determination letter must be submitted with this form.

Davidson Companies Gift Matching Program Outline

Gifts to two or four-year public or private colleges, universities, or post-secondary technical institutes located in the United States are eligible to be matched. Institutions must be accredited by the appropriate regional, state, or professional accrediting body, and must be certified by the United States Internal Revenue Service as organizations to which contributions are deductible for federal income tax purposes. Alumni funds, foundations, or associations are eligible upon certification that the entire gift has been received by a qualified institution. All nonprofit organization are eligible for gift matching provided the organization is a 501©(3) charitable organization. Religious, political, fraternal, professional or veterans organization are ineligible unless the contribution is for a specific program supported by and of benefit to the entire community. Internal policy or applicable federal law requires Davidson Companies to decline requests to support gifts in lieu of tuition or school instructional expenses, Bequests, Dues to national or local alumni groups, Subscription or publication fees, Payments for athletic, social or recreational activities, Gifts or scholarships to individuals, youth athletic teams, individual scout troops or individual parent/teacher associations, church pledges or organizational membership, benefits, conferences or dinners, federated fund drives (i.e. United Way, Montana Shares, etc.), fundraisers that use pledges, such as walk-a-tons, bike-a-thons, etc.

Name of Organization _____
Employer Identification Number _____ Phone Number _____
What is the major purpose of your organization (i.e. education, youth, etc.)? _____

I attest that the hours input above are an accurate reflection of the hours the Davidson Employee worked as a volunteer for our organization and the amount of the gift to be matched represents a charitable contribution from which the donor derives no material benefit (e.g. tuition, tickets, magazine subscriptions, etc.) as a result of this gift, that it will be used to support the objective of this organization and that the gift is not to any of the excluded entities on the above list of what will not be funded or matched..

Signature of Authorized Officer _____ Date _____
Print Name and Title of above Officer _____

Please forward completed form to Davidson Companies at address shown on top of form.

Part 3 (for internal use, to be completed by Davidson Companies)

We are please to transmit a check in the amount of \$ _____ in accordance with Davidson Companies Gift Matching guidelines.

Authorized Signature _____