



2016 Delta Dental of Kansas Matching Gift Application: Participating Dentists

Participating Dentist ("Donor"): Complete Section 1 of this document and attach/enclose the eligible charitable organization's ("Charity") receipt from your donation. Send to Delta Dental of Kansas Community Benefit, 1619 N. Waterfront Pkwy, P.O. Box 789769, Wichita, KS 67278-9769; Fax: 316-462-3372; or scan and email to *corpcomm@deltadentalks.com*. If the Charity is listed as an approved Charity, the matching gift will be approved, up to \$100.00.

Please Note: Application Deadline is December 15, 2016 to be considered for 2016 matching gifts.

Section 1: Donor and Gift Information

A. Donor Information:

Donor's Name: _____ Phone: _____

Mailing Address: _____ City: _____ St: _____ ZIP: _____

Email*: _____
(Required. Delta Dental will email confirmation of receipt and matching donation).

B. Gift Information:

Amount of Donor's Gift: \$ _____ **Attach the tax receipt provided by the organization as proof of donation.**

Charity's Name: _____ Charity's Phone: _____

Charity's Mailing Address: _____ City: _____ St: _____ ZIP: _____

I hereby certify that the information set forth above is true and correct, and I hereby authorize that if necessary, the Charity may report this gift to Delta Dental of Kansas (DDKS) for the purpose of qualifying for a Matching Gift. I understand that DDKS' Matching Gift Program may be amended or terminated at any time.

(Signature) (Date)

To be completed by Delta Dental of Kansas:

Section 2: Charity's Eligibility

The proposed gift described above qualifies for a Matching Gift by DDKS in the amount of \$ _____.

(Signature of DDKS Representative) (Date)

Date Received: _____ Date Check Mailed to Charity: _____ Date Donor Notified Via Email: _____

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Matching Gift Program

Effective for gifts made after January 1, 2016, Delta Dental of Kansas' (DDKS) Matching Gifts Program will allow participating dentists ("Donors") to make charitable contributions to eligible charitable organizations which DDKS will then match with an equal amount, subject to certain limits. This Program allows you to provide additional support to Charities reflecting your personal interests. DDKS will make Matching Gifts of up to \$100.00 per calendar year per Donor.

The Program's "3-Point Test"

Your gift is eligible for a Matching Gift from DDKS where you: 1) are an eligible Donor 2) making an eligible gift 3) to an eligible Charity (see approved charity list).

Who Are Eligible Donors?

Eligible Donors are persons who constitute DDKS participating dentists.

How Do I Start the Matching Gift Process?

To initiate the Matching Gift process, the Donor must complete Section 1 of the Matching Gift Application and then return the Application as well as the donation receipt to DDKS.

What is Considered an Eligible Gift?

In all cases, a Donor's gift must be a charitable contribution under the IRS rules, meaning that neither the Donor nor Donor's family can receive any benefit or gift in return. An eligible gift is a cash gift (cash, check or credit card), and not a gift of securities or other property. Eligibility for a Matching Gift is limited to donations made by the Donor and approved by DDKS while the Donor is a DDKS participating dentist. The minimum eligible gift is \$25.00 and the maximum eligible gift is \$100.00.

What Documentation is Necessary?

Please provide a copy of the tax receipt provided to you by the organization.

Matching Gifts cannot be used to satisfy any personal obligation of the Donor, including charitable pledges made by the Donor.

What are Eligible Charities?

DDKS will make Matching Gifts to former or current DDKS grant recipients listed on the approved list of charities.

When are Matching Gifts Paid?

Matching gift checks are issued as requests are received. However, all 2016 donations need be matched in 2016. Please provide your application and receipt by December 15, 2016, to be considered for a 2016 matching gift.

Delta Dental of Kansas may amend or terminate this Program at any time. The terms and conditions of this Program, and how it is administered, will be interpreted by Delta Dental of Kansas at its sole discretion.

If you have any questions regarding the Matching Gift program, please contact DDKS' Community Benefit Department at **316-462-3372** or email **corpcomm@deltadentalks.com**.