

**DEMCO**  
**Coworker Matching Gift Request Form**

The DEMCO Matching Gift Program allows for DEMCO to match up to \$250 of coworker contributions to approved charitable organizations on an annual basis. This form should be completed by both the coworker and the recipient organization, and then submitted to DEMCO for approval. DEMCO will review the request and if approved, the matching contribution will be sent directly to the recipient organization, and the coworker will be notified of the decision. Any questions regarding this form or the process should be addressed to Kathie Kuecken at (608) 241-8578, Kathie@demco.com, fax (608) 241-8551

**SECTION I – To be completed by the coworker.**

*Instructions:* 1. Complete the information requested below

2. Sign and date where indicated

3. Send this form along with your donation to the charitable organization

Coworker Name \_\_\_\_\_ Amount of contribution: \$ \_\_\_\_\_

Name of organization you are contributing to: \_\_\_\_\_

Coworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II – To be completed by recipient organization.**

*Instructions:* 1. Complete the information requested below

2. Sign and date where indicated

3. Return the completed form, along with any applicable IRS determination letter, and any informational materials available regarding your organization, to DEMCO at the address provided at the bottom of this form.

Name of Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

IRS designation, if any [501c3, 501c4, etc]: \_\_\_\_\_

Description of the Organization's Purpose/Services \_\_\_\_\_

\_\_\_\_\_  
*I hereby certify that the information provided above regarding this organization is correct, and the DEMCO Coworker named above has contributed the amount specified above to this organization.*

\_\_\_\_\_  
(Organization Representative Signature) (Name – Please Print) (Date)

**Please send to: DEMCO, Inc., Attn: Kathie Kuecken, P.O. Box 7488, Madison, WI 53707**

**DEMCO Use Only:**

Date Received: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Approved By: \_\_\_\_\_ Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Date Check Sent Out \_\_\_\_\_ Date coworker notified \_\_\_\_\_