



Matching Charitable Contribution Request Form

Coworker Name: _____ Date: _____

The DEMCO Matching Gift Program allows for DEMCO to match up to \$250 of coworker contributions to approved charitable organizations, with a minimum donation of \$25, on an annual basis. This form should be completed by both the coworker and the recipient organization, and then submitted to DEMCO for approval. Reimbursement requests must be submitted by 1/31 of the following year 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 DEMCO’s HR Department at (608) 241-1201, hr@demco.com, fax (608) 241-8549.

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

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.

(Representative Signature) (Name – Please Print) (Date)

Please send to: DEMCO, Inc., Attn: Linda Maske, P.O. Box 7488, Madison, WI 53707-7488

DEMCO Use Only:

Approved By: _____ Date: _____

Date Check Sent Out _____ Date coworker notified: _____



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MEMORANDUM

To:

From:

Date:

Re: DEMCO Matching Charitable Contribution

Enclosed is my personal donation to your organization in the amount of \$ _____.
I hope this gift helps further the worthy causes your organization supports.

My employer, DEMCO, Inc., has a matching program for which my donation may be eligible. Please complete Section II of the attached form and return it, along with the other requested information, to DEMCO so that they may evaluate my request for a matching donation to your organization.

I can be reached at _____ if you need any further information from me.

Thank you.