The Doctors Company Matching Gift Program Application for Matching Contribution

Employee Name:		
Employee #:		
*Name of Eligible Organization	on Receiving Contribution:	
Address:		
City:		
State:		
Zip:		
Proof of contributions made by spous	tribution: \$ ution is required (canceled check, i se, significant other or others residulify for the Matching Gift Program	receipt, etc) ding in the household do
Company Match	ing Contribution: \$	
	ion is an eligible organization per The es and I have made the gift I am askin	
Print Name	Signature	Date
IRS Tax-Exempt ID# (Required	for Approval)	
RETURN FORM TO:		

Alina Gomez **Government Relations** Agomez@thedoctors.com (707) 226-0184

^{*} To confirm the appropriate IRS status of an organization, contact Alina Gomez at ext.1184