



Eastern Bank

charitable foundation

Matching Gift Program Form

TO APPLY: Employees / Trustees / Directors / Honorary Directors / Honorary Trustees
Complete Part A and send it with your contribution or online receipt to the nonprofit organization.

To Recipient Organization: Complete Part B and return Entire Form to address shown below:

Eastern Bank Charitable Foundation
195 Market Street, EP5-01
Lynn, MA 01901
Telephone 781.598.7595

PART A – To be completed by Employee – Director or Trustee (ALL fields are required.)	
1. Your Name (First, Middle, Last):	
2. Home Address:	3. City:
4. State:	5. :
6. Employee – Director – Trustee – Honorary Trustee (Please circle one) Employee	7. E-Mail:
8. Mail Code:	9. Department:
10. Telephone Number:	11. Home Phone:
12. Amount of Gift:	Designation of Gift (if any):
13. Complete Name of Organization Receiving Gift: Muscular Dystrophy Association	
Employee Signature:	14. Date:

PART B– To be completed by Organization – (Must be returned within 90 days from date of gift.)		
Organization Name:		
Address:	City:	
State:	Zip:	
Tax Exempt ID No:	E-Mail:	
Telephone Number:	Date of Gift:	
Amount of Gift:	Tax Deductible Portion: \$	Designation of Gift (if any):
Authorized Signature	Name & Title (print or type)	Date

Organization: After completing Part B, mail the original (not a copy) to the address noted above.