U.S. Matching Gifts Program Request Form

Instructions:

Donor:

- Complete Part A of this form – one for each gift. Please print or type.
- Send this form with your contribution to the recipient organization.

Recipient Organization:

- Verify receipt of gift.
- Complete Part B of this form. Please print or type.
- If this is your first matching gift request to Fitch Ratings' Matching Gifts Program, please enclose a copy of your Internal Revenue Service 501(c)(3) determination letter and a brief description of your organization's mission statement or purpose.
- Forward form to the address printed below.

Part A – Donor Section

Employee name

Home address

City/State/Zip

Business telephone, including Area Code

Business E-mail address (optional)

Exact date of gift

$_____ $ _____

Amount of gift (Min $50) Amount to be matched (Min $25)

Type of gift (please check one):

Cash ☐ Check ☐ Credit Card ☐

Name of organization receiving gift

Organization's city, state

I certify that my gift is a voluntary contribution, paid by cash, check, or credit card and not merely pledged. I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution and that it does not represent, in any way, a fee for a service or benefit. I have read and understand the guidelines of the Fitch Ratings Matching Gifts Program attached to this form, and I certify that my gift fully complies with its provisions.

Donor signature Date

Mail completed form with your contribution to the recipient organization.

Part B – Recipient Section

Organization name

Address

City/State/Zip

Telephone, including Area code

Fax, including Area code

E-mail address

Website address (if any)

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Date gift received Amount of gift

I verify receipt of the charitable gift described by the donor, and I hereby certify that this is a non – profit organization/program that meets all of the eligibility requirements of the Fitch Ratings' Matching Gifts Program, and that contributions to it are tax-deductible under Section 501(c)(3) of the Internal Revenue Code. Neither the donor nor Fitch Ratings will derive any personal material benefit from this gift or match. This gift is a voluntary charitable contribution that fully complies with the guidelines of Fitch Ratings matching gifts Program attached to this form.

Authorized officer's name (please print)

Title (please print)

Signature of authorized officer Date

Mail completed form and any required enclosures to:

Fitch Ratings Matching Gifts Program
c/o John Piombino
One State Street Plaza
New York, NY 10004
Phone: 212-908-0675
E-mail: john.piombino@fitchratings.com