FORMFAST
Automating Hospital Workflows

Improving the Business of Healthcare

Part I
Donor Instructions

◆ Complete Part I of this form- one for each gift. Please print or type.
◆ Send the Form with your contribution to the recipient organization.
◆ Maximum contribution amount is $1000.00 annually. The match ratio is 1-1.

Last four digits of social security number

Donor Name

Home Address

City/State/Zip

Company

Work Telephone Number w/ Area Code

E-Mail Address

Exact Date of Gift

Amount of Gift (Min$25) Amount to be Matched

Type of Gift (Please check one): ❑ Credit Card ❑ Check

Name of Charitable Organization

Restriction or Purpose (if any)

Was this donation associated with a specific event? If yes, what event?

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to FormFast for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution.

Employee Signature Date

Part I
Recipient Organization Instructions

◆ Verify Receipt of Gift.
◆ Complete Part II of this Form. Please print or type.
◆ Forward Form to the address printed below.

Employer Identification Number (EIN)

Organization Name

Address

City/State/Zip

Company

Telephone Number w/ Area Code

Fax w/ Area Code

Email/Website Address

Amount of Gift (Min$25) Tax-Deductible Gift Amount

I hereby certify that this organization/program meets the eligibility requirements of the FormFast Matching Donations Program, and that neither the donor nor FormFast will derive any personal material benefit from this gift or match.

Signature of Authorized Officer Date

Mail or Fax Completed Form and any Required Enclosures to:

FormFast, Inc
Attn: Susan Roloff
13421 Manchester Rd. Ste 208
Des Peres, MO 63131
Phone: 1-800-218-3512
Fax: 1-866-538-3329

Guidelines

How It Works

Eligible employees may contribute to any one of the four approved 501(c)(3) organizations and the company will match the donation 1-1. Only the pre-selected organizations qualify to receive company-matched donations.

Who Can Participate

All regular, benefits-eligible, United States-paid employees of FormFast, Inc. may participate.

How To Apply

Employee: Fill out part I. Mail your contribution and the entire form to the designated organization.

Organization: Complete and countersign part ii, thereby certifying that the contribution has been received and is eligible under this program. The entire form with required documents should be mailed to:

FormFast, Inc.
Attn: Susan Roloff
13421 Manchester Rd. Ste 208
Des Peres, MO 63131

Approved Applications

If the application is approved, the matching funds will be sent directly to the nonprofit organization at the end of the calendar year with an e-mailed notification to the employee (when applicable).

All application materials become the property of FormFast and will not be returned. FormFast reserves the right to change or terminate the program at will.

If You Have Any Questions

Please contact Allison Harding at aharding@formfast.com or by calling 636-346-6149.

Eligible Organizations

For the calendar year 2013,

Ineligible Matches

- fees for any service or materials received or subscriptions for publications
- tickets to athletic, cultural or social events, lunches or dinners
- “collective” contributions or funding from sources other than those of the individual submitting the form
- gifts of eligible donors’ spouses
- donations to organizations that engage in illegal practices.