

GEICO ASSOCIATE MATCHING CHARITABLE CONTRIBUTION REQUEST
 Do NOT use below form for EDUCATIONAL donation match requests to colleges/universities

Instructions:

1. Complete the **entire** top portion of this form and enclose it with your contribution check (or copy of electronic payment receipt) and **mail to the organization**.
2. The approved organization will verify your contribution **at the bottom of this form** and **return** to the GEICO Philanthropic Foundation Administrator.
3. To confirm that the match was made, please contact the organization a month after you have mailed this form to them.

Qualifying Criteria:

1. The Organization must be a GEICO Philanthropic Foundation approved 501c3 IRS designated organization, not political, does not have a religious purpose; and does not provide goods or services for the contribution.
2. Matching gift requests for runs, walks, rides, or any fundraising event where there is an enrollment/participant fee or required fundraising amount will not be met until proof of paid fees and funds raised is verified by the organization receiving the match.
3. **ONLY** original forms, signed by GEICO associates, will be matched. No photocopies or faxed forms will be matched.
4. The maximum matching amount for contributions made in a calendar year per associate is \$1,000.00. Minimum contribution to match is \$15.00.

GEICO ASSOCIATE DONOR – I request that the GEICO Philanthropic Foundation match my personal contribution to the following charitable organization as defined above:				
Organization Name: _____		Team: _____		
(No Acronyms)		(If Applicable)		
Organization's Address: _____				
(Street)		(City)	(State)	(Zip)
Contribution Date: _____		Amount: \$ _____	Associate # _____	Region _____
(\$15.00 Minimum)				
Associate Name: _____		Signature: _____		
Associate Address: _____				
(Street)		(City)	(State)	(Zip)
				(Work Phone)

RECEIVING ORGANIZATION – Please certify donation receipt below from the above donor.	
The gift described above in the amount of \$ _____ was received from _____	
(GEICO Associate Donor)	
By (Organization) _____	on (Date) _____
Representative Name: _____	Title _____ Signature _____
Phone _____	Email _____ Street Address _____
Return this <u>original form</u> to:	Cheryl P. Ibanez
By November 30th for match	GEICO Philanthropic Foundation Administrator
in same year as donation.	5260 Western Avenue, Chevy Chase, MD 20815

GPF ADMIN APPROVAL: _____	AMOUNT: \$ _____
NOTE:	