



GENEX Matching Gifts Application

A. To be completed by employee donor and forwarded to organization for validation.

Date: _____

Enclosed is my personal gift of \$_____ (must be a minimum of \$50)

In accordance with the requirements of the GENEX Matching Gifts Program, I submit this application for a matching gift to:

Name of organization receiving gift: _____

Purpose _____

Applicant's full name _____

Home address _____

City _____ State _____ Zip _____

Department or office location _____

Office address _____

Applicant's Hire Date _____

B. To be completed by the appropriate office of the qualifying institution.

I certify that the gift described in Part A above in the amount of \$_____ has been received by the institution on (date) _____ from (name of donor) _____

By signing below, I certify that this gift is being made in accordance with the requirements of the GENEX Matching Gifts Program.

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax ID# (in Canada, Charitable Registration #) _____

School Code (if applicable): _____

Name of Officer: _____ Title: _____

Date: _____ Signature: _____

A copy of your IRS 501(c)(3) tax-exempt determination letter must be included with this application (United States Only).

Qualifying Institution: Please return this form with supporting documents to...

**GENEX Matching Gifts Program
GENEX Services, Inc.
440 East Swedesford Road, Suite 1000
Wayne, PA 19087**

Please refer to guidelines for qualifying organizations.