



Matching Gifts Program Application Form

Employee: Please fill out Part A and send it with your contribution to the non-profit organization.

Recipient Institution: Upon receipt of this form, please verify the information in Part A, complete Part B and return the form to the addresses provided below.

PART A (To Be Completed By Employee)

Employee Name (First, Middle, Last)		Today's Date
Employee Home Address (Number and Street)		City, State, Zip
Email Address		Telephone Number
Complete Name of Organization Receiving Gift		
Date of Gift (Month, Date, Year)	Amount Of Current Gift (In Dollars)	Made By (Cash, Check, Credit Card)
Employee Signature		Date

PART B (To Be Completed By Recipient Institution)

Make Checks Payable To		Tax ID No.
Mailing Address (Number and Street)		City, State, Zip
Email Address		Telephone Number
Date Gift Received (Month, Date, Year)	Amount Received (In Dollars)	Tax Deductible Portion (In Dollars)
I certify that the institution noted above is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) (3) or Section 170 (c) (1). Further, I certify the funds received from Hulu, LLC will be used for the same purpose as specified by the employee.		
Printed Name and Title of Authorized Signatory		
Authorized Signature of Officer (Please No Stamps)		Date

Recipient Institution: Please send this completed form to: Hulu, LLC
Attention: Accounts Payable
12312 West Olympic Blvd.
Los Angeles, CA 90064