

Matching Gift Form



DONOR Please type or print all information clearly

Form A

□□ □□ □□

Date of Hire (MM/DD/YY) **(Employees Only)**

□□ □□ □□

Gift Date (MM/DD/YY)

□□□□ . □□□□.00

Gift Amount or Number of Shares

□□□□

Stock Symbol

Name of Securities

Check

Securities

Name of Organization Receiving Gift

Recipient Org. Classification: Higher Education Arts or Cultural Health/Welfare Civic Community Secondary Education
 Other

Form Completion Checklist: Form signed Gift is \$25 or more Gift date entered Organization name entered

Mail with your gift to your specified organization.

RECIPIENT ORGANIZATION

Form B

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Tax ID

□□□□ □□□□.00

Gift Amount or Number or

□□□□

Shares/Stock Symbol

□□□□ □□□□.00

Tax Deductible Portion

□□ □□ □□

Approximate Date Received

Regional Accrediting Association

Organization's Name

Address

City

State

Zip

Phone

Check here if new address

Fax

E-Mail

Verify Donor's involvement with your organization, if applicable:

Director

Trustee

If your organization has not previously participated in the IFF Matching Gifts Program, please provide a copy of your 501(c)(3) from the IRS and information describing the nature of your organization. Form must be returned within 12 months of the donor's gift. The IFF Foundation will review the completed form and if all requirements are met, IFF will match the gift. I confirm the above gift was received and this institution is tax exempt under the U.S. Internal Revenue Code. I further confirm that no direct tangible benefit will accrue to the donor, to any member of his or her family, or to any related third party as a result of this gift.

Authorized Officer's Name

Title

Authorized Officer's Signature (Stamp or facsimile unacceptable)

Date

Complete, sign & mail to: **THE IFF FOUNDATION, 521 WEST 57TH STREET, NEW YORK, NEW YORK 10019**

Photocopies of this form may be made.

FAILURE TO INCLUDE ALL INFORMATION WILL DELAY PROCESSING