



2015 Gifts Matching Program

SECTION A TO BE COMPLETED BY EMPLOYEE

Instructions: Please fill in required information and submit to your not-for-profit recipient organization or institution.

Employee Name: _____
Last *First* *MI*

Employee ID: _____ Cost Center: _____ Department: _____

Name of Recipient Organization: _____

Amount of Gift: _____ Date of Gift: _____

I certify that the above gift is made from my own funds and that the gift is made with the understanding that I will receive nothing of value for this gift.

Signature: _____ Date: _____

SECTION B TO BE COMPLETED BY RECIPIENT

Instructions: Please fill in required information. **Mail to:** ING Financial Services Corporation, Attn: Aracelis Lora, Matching Gifts Coordinator, 1325 Avenue of the Americas, 9th floor, New York, NY 10019. **Fax:** 646-424-7348. **This form is due by December 10th.**

Note: ING Financial Services will match 1.5 dollars

Name of Contributor: _____

Amount of Gift: _____ Date of Gift: _____

This is to verify that: _____ *has received the above gift*
Name of organization

and is a 501(c)(3) tax exempt organization.

Address: _____

City: _____ State: _____ Zip: _____

Name of certifying official: _____ Title: _____
Phone number: () _____

Signature: _____ Date: _____