



# 2016 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, 1333 Avenue of the Americas, New York, NY 10036. **Fax:** 646-424-7348. **This form is due by December 9<sup>th</sup>.**

*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: \_\_\_\_\_