



# Integrity Applications Incorporated

## Charitable Gift Matching Program

**Please Type or Print All Information**

*IAI's Charitable Gift Matching Program limit is \$250.00 per employee per calendar year. The Charitable Institution must have IRS 501(c)(3) status in order to qualify.*

### **SECTION 1: Employee (Complete Section 1 only. Mail to Charitable Institution with your gift).**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number w/Area Code

\_\_\_\_\_  
Work Phone Number w/Area Code

### **Organization and Gift**

\_\_\_\_\_  
Charitable Institution Name

\_\_\_\_\_  
Gift \$ (cash amount)

\_\_\_\_\_  
Exact Date of Gift

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **SECTION 2: Recipient Institution (Complete Section 2 Only)**

*Please mail to IAI at address below with a copy of your 501(c)(3) tax-exempt notification letter from the IRS.*

\_\_\_\_\_  
Charitable Institution Name

\_\_\_\_\_  
Receiving Office/Agency (if any)

\_\_\_\_\_  
Charitable Institution Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number w/Area Code

***I hereby certify receipt of this gift described in Section 1 and affirm that the gift will be used in support of this 501 (c)(3) Institution and no goods, services, or benefits resulted from this contribution.***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please address all correspondence to: Integrity Application Incorporated  
Charitable Gift Program Administrator  
5180 Parkstone Drive, Suite 260  
Chantilly, VA 20151