



# MATCHING GIFTS PROGRAM

## Part **TO BE COMPLETED BY EMPLOYEE**

**A** Part A is to be completed by employee. Please forward the original form to the recipient organization along with your gift.

Only personal funds will be matched.

I authorize the recipient organization to report this gift to Kaplan Inc. to obtain a matching contribution.

\_\_\_\_\_  
**Signature (required)**

A copy of the completed form will be mailed to you as notification that your gift has been matched.

Please print clearly or type:

Enclosed is my contribution of \$ \_\_\_\_\_ (\$25 minimum) Date of gift \_\_\_\_\_

Check  Credit card  Securities

Recipient organization \_\_\_\_\_

Gift restriction or purpose \_\_\_\_\_

Name of employee \_\_\_\_\_

Date employed \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

Employee HOME address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Job title \_\_\_\_\_

Employed at \_\_\_\_\_ Location \_\_\_\_\_

Double match requested:  Educational institution  Active volunteer

Please describe volunteer service: \_\_\_\_\_

*Do Not Separate*

## Part **TO BE COMPLETED BY RECIPIENT ORGANIZATION**

**B** Recipient organization completes Part B. Please forward the entire original form for processing to:

**Rosalie Konopinski  
Kaplan Inc.  
888 7<sup>th</sup> Avenue 21<sup>st</sup> Floor  
New York, NY 10106**

**\*You must include a copy of your 501(c)(3) determination letter.**

A copy of the completed form will be returned to recipient organization with the matching gift check.

I certify that a contribution of \$ \_\_\_\_\_ was received from (donor name) \_\_\_\_\_ on (date) \_\_\_\_\_.

\*This organization is tax-exempt by the IRS [501(c)(3)]. This charitable contribution is tax deductible [under section 170].

This matching gift will not be used for religious, political action or lobbying activities.

No goods or services were provided as a result of this gift.

Authorized signature \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

## Part **Kaplan Inc. – Internal Use Only**

**C** Applicant is an employee and meets program requirements. Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Status: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Account Number: **0850 – 00 – 8402**

Accounting Department: Please issue a matching gift check in the amount of \$ \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

**Matching check mailed:** Date \_\_\_\_\_ By \_\_\_\_\_